

Chemist & Druggist

Benn »

APRIL 30 1977

THE NEWSWEEKLY FOR PHARMACY

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In Britain today more people take time off work with backache than with any other ailment.

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And now a limited number of special packs are being offered at a considerable saving.

So help get the nation back to work with Doan's Backache Pills.

DOAN'S
A Fulford Williams product



Rexnell Ltd. have now been appointed as selling agents. For further details, write to or phone Peter Rule, Group Sales Manager, Rexnell Ltd., 32 Powerscroft Road, Footscray, Sidcup, Kent (01-300 3377).

**George Rillie
is NPA's new
chairman**

**Government-
industry
package
agreement**

**Pharmacy in
the Far East**

**Management
conference**

Ever since the manufacture of the first insulin preparation in 1923, we have been concerned with producing insulins of the highest quality. Today we supply a wide range of insulins with a service to accompany them—a service that includes booklets and cards for patients, and note pads and wall charts for you. If you have any queries, our representative is on hand to provide quick, on-the-spot help and advice. If you would like to know more about the Wellcome* Insulins Service, please fill in the coupon and post it to us.

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**Wellcome**

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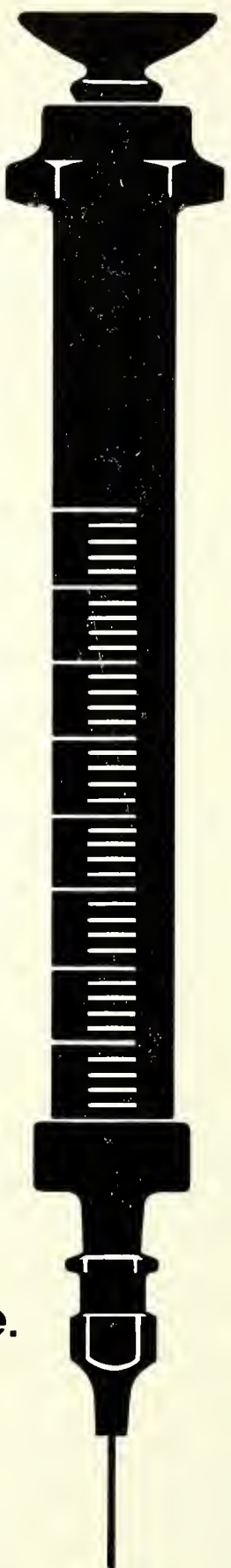
*Trade Mark

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Name _____

Address of Retail Pharmacy _____

Best time for visit _____



Wellcome Insulins Service

Something Simply Sensational
is about to happen...



...the heaviest ever TV la

new **PO**

Simple to use—Sensational results

Poly introduces new Simply Sensational. The only non-drip, shampoo-in hair colourant, and the only colourant in a unique round pack. With a television launch promotion as never before, Poly Simply Sensational will soon be setting the sales records—and your profit records, too.

Sensational Product. A shampoo-in with no mess—no drips.

Shampoo-in colourants are the big sellers. But they can be runny, messy. Now the unique easy-to-use Simply Sensational formulation eliminates the mess and drips of ordinary colourants. Poly expertise in hair colouring makes this product, with its protein conditioner, the major innovation in the UK hair colourant market.



Simply Sensational

Sensational TV Advertising

Simply Sensational will be hard to miss in June/July. With a spend at the rate of £400,000 nationally, it's the heaviest colourant launch ever. That generates a big demand. And big profits, too.



Launch for a hair colourant.

LY
ply
Sensational

Sensational Packaging—Round and Revolutionary

There's nothing like it in the market. It looks dramatic on the shelf; it takes up less shelf space than other brands. And we know it says quality—because the ladies told us so. If we look good, your sales will look even better.

Profit from our launch promotion.

We'll give you all the support you need.

To get the most from Simply Sensational, you'll need display support in-store. So the pieces illustrated here are yours for the asking.



Moulded display unit and header card

The full eleven colours take less shelf space. Single or double units.

Three-dimensional
showcard



Introductory 15p-off coupons



Comprehensive colour shade
booklet



Shelf strip

You'll have them coming back for more

All the launch packs contain a 15p-off next purchase coupon. So your customers will be coming back for more. And to get the ball rolling, there are trade discounts, too. 4p off per pack during the launch.

And the price is right

Simply Sensational	89p*
Recital	£1.10p*
Nice'n'Easy	87p*
Wella Colour Confidence	95p*

*Recommended retail prices at time of printing.

The Simply Sensational success formula.

Latest innovation. Most complete colourant range.

Poly already hold 13%* share of the colourant market—proof of women's confidence in the Poly name. And now Simply Sensational gives Poly the most complete colourant range. Everything about this new product is Simply Sensational—from the product and pack to the merchandising and advertising.

Simply Sensational

A launch package to match the name.

- | | |
|--|---|
| 1 Unique new non-drip product. | 5 Full natural colour range. |
| 2 Heaviest ever TV launch for a new colourant. | 6 Complete range of display material. |
| 3 Revolutionary new packaging. | 7 Introductory trade and consumer offers. |
| 4 The right price. | |

A package that makes Simply Sensational easily the best for you.

Place an order now with your Halls Hudnut representative.

*TCPL 1976

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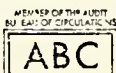
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Comment

Peace or truce?

The indication that the Government and the pharmaceutical industry have at last resolved their differences over the question of promotional expenditure comes as welcome news (p588). A nannouncement was confidently expected by the Government after *C&D* went to press this week, the forecast being that the industry had agreed to certain "qualitative" proposals concerning promotion and other provisions. In its turn, the Government seems prepared to have a change of heart on the question of Section 41 of the Patents Act (relating to compulsory licences) which it had threatened to re-introduce into the new Bill—from which it has already been deleted by the House of Lords. The pharmaceutical industry has for too long been a political football, and it must be hoped that the latest measure of agreement with Government will enable it to get on with the job of discovering new drugs and meeting the needs of the sick. But unfortunately, Mr Peretz, retiring president of ABPI, seems to suggest that there are still questions to be resolved—the promotional cuts are resented by the industry, and the proposed drug surveillance of new drugs is described as "too vigorous".

Perhaps both sides in the dispute should be giving the requirements of the patient greater emphasis in their negotiations. It is, after all, in his interest that both should be active.

Recommended prices

Mr Robert MacLennan, Parliamentary Under Secretary of State for Prices and Consumer Protection, last week gave some cause for optimism on the Government's intentions concerning recommended prices and the powers conferred on it by the Price Commission Bill (*C&D*, April 9, p484).

He said: "The recommendation of prices by manufacturers can be a useful source of information both for retailers and consumers. But if manufacturers recommend artificially high resale prices and if retailers then use these recommendations as a benchmark against which to advertise their actual prices, the consumer can be misled—by slogans like '40 per cent off recommended price'—into thinking he is getting a bargain. Where the Price Commission recommend that there is abuse of the practice of recommending prices for particular products and that the practice should be prohibited for these products, the new Bill will provide powers to enforce this prohibition by order."

Retail pharmacists are unlikely to quarrel with the powers being applied for these purposes, but some of their suppliers may need seriously to consider the promotional practices they adopt. It is difficult, for example, to convince the consumer that a recommended price is not "artificially high" when the "25 per cent extra" pack of some toiletries can be offered at "one-third off" by the retailer!

Government - industry package agreed

The Government was this week expected to announce an agreement with the pharmaceutical industry concerning the changes in promotional expenditure and methods that have been under negotiation for the past two years. At the same time the Government is believed to have given a commitment to repeal Section 41 of the Patents Act—relating to the issue of compulsory licences—by not seeking the reintroduction of clause 49 in the Patents Bill, which was removed from the Bill in the House of Lords.

The Secretary for Social Services, Mr David Ennals, was due to speak on Thursday at the annual dinner of the Association of the British Pharmaceutical Industry (after *C&D* went to press) and, anticipating a Government announcement, the retiring ABPI president, Mr Michael Peretz, says that the repeal of Section 41 will remove a major disincentive to further pharmaceutical investment in the UK. In his prepared speech, Mr Peretz stresses that the industry's concern over Section 41 has had nothing to do with abuse of monopoly. "It simply had the effect of reducing the rewards which an investor in research and innovation might otherwise have been entitled to expect, and made those rewards available to others who had risked or invested nothing".

Capital return not excessive

Referring to other proposals in the agreement, Mr Peretz says the industry had accepted more onerous provisions to the existing price and profit regulation scheme. "We cannot deny the right of this Government, or of any other Government, to monitor the rising cost of the NHS. We recognise the vital need to reduce total public expenditure in this country but the 15.4 per cent return on capital employed on sales of medicines to the NHS hardly suggests that the industry is making exorbitant profits out of the NHS".

Pointing out that the cost of medicines accounts for only 2 per cent of hospital expenditure and only 6.7 per cent of total NHS expenditure in respect of medicines prescribed by GPs, Mr Peretz says the pharmaceutical industry could hardly be described as a "priority target" when looking for economies.

Referring to additional controls on the content of advertisements and representation for medical products that the industry will introduce over the next few months, Mr Peretz emphasises that in almost every case these measures have been initiated by industry itself. "What we do not accept is the Government's right to decide what is an acceptable level of promotional expenditure. The decision the Government took last July to reduce this allowable promotional expenditure from its existing

level of 14 per cent of sales to the quite arbitrary figure of 12 per cent in the forthcoming year and an equally arbitrary figure of 10 per cent thereafter was, in our view, completely wrong." Informing doctors about medicines was as important as innovation itself. For the industry to discover new drugs and then be inhibited in informing doctors about them is nonsensical and not to the benefit of the patient, he believes.

On the question of drug safety, Mr

Peretz says the industry has made strong and constructive representations to Government on the procedures that might be adopted for the post-marketing surveillance of new drugs. But if the procedures were too rigorous, they would produce major delays in the introduction of new drugs. "We feel that the risks associated with depriving patients of effective new medicines should be weighed very carefully in the balance against the risks of the uncommon and unforeseen adverse reactions that can come to light once a medicine has been released for general use", he says.

It was now taking some 10 to 12 years from the original discovery before a new medicine could be prescribed by the general practitioner. "If the procedures now under discussion were to add two or three years to this process they could inhibit the process of research considerably coming on top, as they do, of demands for additional pre-clinical testing of new medicines", Mr Peretz adds.

Analgesics sales fell when self-service stopped

A chain of Irish supermarkets, Superquinn, no longer stocks analgesics because sales dropped when they were removed from self-service.

According to the March *Irish Pharmaceutical Union Review*, self-service methods were stopped for analgesics at the advice of Superquinn's consumer panel of shoppers who felt that even the highest shelf was not out of reach of a child standing on a trolley. Superquinn decided to move all analgesics behind their cigarette kiosks and there followed an immediate, dramatic drop in sales.

Mr Fergal Quinn, managing director, is quoted as saying it was clear that few shoppers had analgesics on their shopping lists and that their purchases were impulse buying. Analgesics were withdrawn altogether for a trial period of one year and the ban has now been made permanent. During the trial year, only "a handful

of shoppers" broached the subject of non-availability and no customers unable to obtain medication had said they would take their custom elsewhere.

Miss Maureen Tomison, head of the Pharmaceutical Society's publicity, told *C&D*, "This certainly underlines the case we've been making—that sales of analgesics from self-service shelves encourages impulse buying of analgesics which customers may not need. We hope that other supermarkets will follow this example."

March Register changes

A net total of 18 pharmacies were deleted from the Pharmaceutical Society's Register during March. In England 29 closed and 16 opened of which six closures and five new pharmacies were in London. In Scotland five pharmacies closed and in Wales no closures or openings occurred.



Long-service personnel of Allen & Hanburys Ltd at a dinner in their honour at the Mecca Restaurant, London EC3, on April 22. Left to right: Mr L. W. Taylor (40 years' service), Mr R. D. Smart (chairman of Allen & Hanburys), Mrs Taylor, Mr A. Latham (40 years' service), Mr Barrett, Mrs Hill, Mr M. J. Smith (managing director of Allen & Hanburys), Mrs L. M. Barrett (40 years' service), Mr J. H. Hill (50 years' service)

George Rillie

NPA chairman

Mr George Rillie has been elected chairman of the National Pharmaceutical Association in succession to Mr Donald Royce. Mr Rillie is also chairman of the Scottish Pharmaceutical Federation and this is the first time that the NPA (NPU) chairmanship has gone to someone from that organisation. Mr R. G. Worby has been elected NPA vice-chairman and Mr G. T. M. David, treasurer. Dr D. H. Maddock, who as vice-chairman in 1976-77 might have expected to move on to the chair this year, failed to gain re-election to the Board last month.

NPA representatives on the Pharmaceutical Services Negotiating Committee appointed this week are: A. Medcalfe, C. D. Ross, D. Royce, D. Sharpe and R. G. Worby. Mr Ross becomes a PSNC member immediately after his election to the NPA Board for the first time.

Mr Rillie is a director of John Maclean (Chemist) Ltd, with three pharmacies in Ayrshire, and of Ayrshire Pharmaceuticals, the Numark-franchised wholesalers.

Pharmacists urged to promote own image

Miss Maureen Tomison, the Pharmaceutical Society's head of publicity, is urging pharmacists to "come out from their dispensaries" and do more to promote their own images.

She told Cirencester Branch last week that there was a limit to the amount the Society could do to enhance pharmacy's image in the eyes of MPs and the media—the rest was up to the profession itself. "Pharmacists should be seen talking to customers and giving advice", she believes. It had been estimated that seven million visits are paid to UK pharmacies every day, which gave pharmacists ample opportunity to project themselves in the public's estimation.

□ Spokesmen from all political parties have expressed interest to the Society over the health professions' collective approach on standards of NHS patient care (*C&D*, April 16, p525).

ASA upholds more toiletries complaints

A complaint against Beecham Proprietaries' advertising of a free "Ladbrokes jackpot spotball" voucher on a Brylcreem promotional sleeve has been upheld by the Advertising Standards Authority Ltd.

The complainant said that the offer was subject to two limitations neither of which was stated on the outside of the sleeve—a newspaper containing an entry coupon needed to be purchased and members of any given household could only use the voucher from one sleeve. The complainant

Mrs Pamela Webster, Wigston, Leicester, won a Mini Clubman Estate car in a recent competition run by Bristol-Myers Co Ltd, makers of Mum rollette. Mrs Webster received her prize where she bought the product; also pictured are left to right): Mr K. A. Jones, Boots territorial general manager, Mr A. Stocks, Boots manager, and Mr N. Wright, Bristol-Myers Co Ltd



had purchased two packs. According to the ASA's February report the advertisers said in defence that the competition was advertised regularly in national and other newspapers whose circulation figures ran into millions. The opportunity to enter was therefore readily available at no additional cost. ASA, however, took the view that not all customers would necessarily read those newspapers regularly and could incur an additional cost. The company agreed to display household restrictions on the outer design of any future promotional material.

Thompson & Morgan (Ipswich) Ltd. were accused of making specific claims for ginseng. The complaint was upheld but the advertisers said that their statements were no more than an indication of the present state of knowledge on ginseng and could not be construed as the company's claims. They agreed however to amend their catalogue.

Two complaints about Grecian 2000 were not upheld. Combe International Ltd. were challenged on the claim that the product works for any colour hair. The advertiser, however, had submitted ample evidence to the general efficacy of the product, the report says.

Cusson's Imperial Leather bath foam advertisement referring to Tsar Nicholas

and his family was considered to be in poor taste by two members of the public but this view was not held by ASA.

Computers 'would increase cost awareness in NHS'

The NHS would benefit greatly from the introduction of computerised systems that identified instantly the costs of goods and services at point of use, according to the evidence of the Royal College of Surgeons to the Royal Commission on the NHS. It explains, "Economies would be much more likely to occur if both those who prescribe or order goods or services and those who receive them were aware of their cost."

The College stresses the need for administrative savings and suggests eliminating area health authorities. It concludes, "Our society as a whole, and the NHS in particular, has suffered for too long from an unwillingness to trust people to get on with the job they are trained to do. The absurdly elaborate machinery that has been erected to control expenditure wastes many times more than it could ever save; and the desire to allow everybody to interfere in everything that is being done prevents progress from being made."

US proposals to reprieve saccharin for diabetics

New proposals by the US Food and Drug Administration would allow saccharin to be sold as a single-ingredient drug for use by diabetics and other medical users, provided manufacturers could demonstrate its effectiveness.

The proposals, open to public comment, would maintain the ban on use of saccharin in foods, proposed earlier (*C&D*, March 19, p362), and include a ban on the sweetener in cosmetics likely to be ingested, toothpastes, mouthwashes and as flavouring for drugs. Final regulations are expected in the summer.

While the data to justify its use are being evaluated, saccharin would continue to be sold for use in drugs but would be labelled with a warning that it was for use when sugar restricted diets were medically indicated and that the risk of cancer may be increased.

Mr D. Kennedy, commissioner of food and drugs, said the intention was to elimi-

nate the risk of cancer from unnecessary use. Saccharin usage would be reduced by 90 per cent, following the proposals, and they would eliminate the risk to children, while at the same time allowing benefit to those persons who may be more at risk without saccharin. Mr Kennedy added that many consumers were worried that the Canadian rat study involved such high doses and that almost any substance would cause cancer in such quantities. "Neither of these views is correct", he said. High dosage tests identify substances of risk to statistically small numbers of consumers—one in 20,000. At the same time they allow fewer test animals to be used. "Over the years we have established that the system works."

Scientists calculate that the amount of saccharin in one large diet soft drink, ingested over a lifetime by every American, might produce 1,200 additional cases of bladder cancer per year, he said.

Nottinghamshire Pharmaceutical Committee conference

Don't become a militant group, MP tells pharmacists

Pharmacy and other professions must resist the temptation to develop yet more militant sectional interests in the community, Mr Kenneth Clarke, MP, a Parliamentary adviser to the Pharmaceutical Society, warned at the weekend.

Speaking at a conference organised by Nottingham Pharmaceutical Committee, he acknowledged that the pharmaceutical profession was feeling bruised, resentful and unsure of its position. And with so many other sections having recently pursued successfully their own interests the "docile" middle classes might feel "the only way to beat them was to join them" by becoming "bloody minded" and making sure their view was listened to. But, said Mr Clarke, for that to develop among the professions and middle management would be a "recipe for the complete destruction of any sensible society".

Instead the professions needed to reassert their professional role to the public—but be careful how they went about it as professional pride could seem to be expressed as pomposity or resistance to outside criticism. The aim must be to get across that the purpose of the professional organisations was the maintenance of standards of service to the public and conduct of members.

A new 'sanctions' threat?

Pharmacists who were contractors, additionally shared the problems of the businessman—they were burdened as self-employed, and were frustrated by rates and VAT. There was a need, said Mr Clarke, for government to realise that the small businessman was an important interest group.

In the past year the profession had had many issues on which to defend itself, some arising from jealousies between the professions—as dramatised at Tetbury. Mr Clarke urged, however, that the professions should reach a sensible understanding, remembering that they were aiming not to protect themselves but the public.

Turning to the NHS contract, the speaker said that the situation was now so serious that many more members of Parliament needed to be made aware of the problems as they were likely to affect their own constituencies. However, the Department of Health was subject to constraints on expenditure—and no conceivable change in political control would modify the cash limits. But what could be ensured was that the application of the constraints was based on proper priorities—and that they did not bear more heavily on contractors than on the Department's own employees. The Department must at least maintain the amount of money going to contractors; this was not an area for cuts. And if chemists had problems maintaining stocks because of inflation, the

Department would be wrong to use that as an argument for cutting the amount they paid contractors for stocks—that would only send practices in difficulty on a downward spiralling path.

Analgesics, said Mr Clarke, had been a test case in regard to the public's attitude to medicines. Pharmacy *had* got its case across to Parliament—but rather too late in the day. The Medicines Commission's original proposals concerning self-selection had brought forth a reaction from consumer organisations and some retailers. The Minister then asked the Commission to reconsider while the Society explained pharmacy's case to the consumers, who changed their minds—as did the Commission. Mr Clarke felt that the Minister also came close to changing his mind again before the final decision—but he would have annoyed a lot of people by keeping on asking bodies to reverse their decisions. The Government appeared to have gone along "somewhat reluctantly" with the Commission's second recommendation and Mr Clarke hoped that as a result it would put some real effort into the Health Education Council campaign for the proper use of medicines—"out of a guilty conscience".

During question time, Mr Clarke was asked by Miss M. A. Burr for his views on the planned distribution of pharmacies. He replied that he was not sure he would like to see a "territory" mapped out for each pharmacy—that would be a move away from the independent pharmacist and the contractual relationship with the NHS. The profession would have difficulty "selling" a plan that involved a restriction of competition; the only restriction should be that a person offering the service was properly qualified.

Asked about the role of the pharmacist in the next 20 years, Mr Clarke suggested that he should be someone available to give skilled health advice to the public—it was a role that had faded over the past 20 years and should be restored.

'Not unless we're there'

Mr Clarke's replies were taken up later by Mr Alan Smith, chief executive of the Pharmaceutical Services Negotiating Committee. The MP had been against planned distribution but in favour of an increased role for the pharmacist, but Mr Smith argued: "If we are not there I fail to see how we can undertake the more active role that is being urged upon us."

At present the PSNC had not finalised its policy on planned distribution, but the factors under consideration included geographical distribution, public transport, seasonal variations in demand, numbers of doctors practising in the area, economic viability of the pharmacy, who should be in control of the distribution (the options

open to pharmacy were described in detail in the paper by Mr Smith published in *C&D*, February 12, p183).

The essential small pharmacies scheme alone could not be used to plan distribution because if it were made larger it would affect the viability of other pharmacies. And the proposals for restrictions within a quarter-mile of health centres were not favoured by the present Minister any more than the last—they were thought to militate against the centre and smelled too much of self-preservation.

Mr Smith suggested that to prevent leap-frogging, consortia should be considered where the existing service was inadequate. The Government should then be asked to reimburse some of the overheads involved in opening to help support the peripheral pharmacies (doctors had managed to get 70 per cent of overheads because they showed they could offer a better service to the public in groups or health centres). There should also be a relocation allowance—Mr Smith had recently seen an example of nine pharmacies competing in one road, while there were other areas in which a service was desperately needed.

In seeking planned distribution, it must be recognised that pharmacy would be working against the Monopolies Commission and the Restrictive Trade Practices Act. It had been the recommendation of the present Government to the European Parliament that there should be full freedom of establishment in retail pharmacy—that is, Europe as a whole should follow the practice in the UK, Ireland and West Germany. But Mr Smith still felt that the Government could be convinced that a planned service would lead to a better service. Both political parties were against the idea—the Conservatives because they opposed restriction of contracts and the Socialists because they believed any monopoly should be of the State.

The PSNC was currently carrying out a survey of the reasons for pharmacy closure in four areas, and from the results it hoped to finalise its proposals to be put before the next contractors conference.

Small businessmen

Contractors may soon have to think about the support they are prepared to give to the PSNC in its struggles to get them a better deal, Mr M. D. Brining, PSNC financial executive, told the meeting. A crisis point had been reached three years ago, which led to an invitation to contractors to support sanctions, and Mr Brining sincerely hoped that the Committee would not be forced to repeat the exercise—but it was squarely on the Department to avoid the eventuality. A constructive response and a new attitude to the new contract proposals were required.

The Government had indicated that there would be no new contract until there was progress down the road to a restricted right of entry and planned distribution, but Mr Brining said they were coming forward with no new ideas of their own. He found that remarkable in a Government dedicated to planning agreements and intervention in industry as a matter of principle.

Earlier, Mr Brining had outlined the workings of the "balance sheet" system of chemists' remuneration (see table) and said that a new four-yearly costs survey would

be starting next week. A reply had been received by the Committee to its claim for an increase in the profit margin and that would be discussed at the next meeting. The Committee believed also that chemists were being "over discounted" and an approach had been made to the industry for an end to the practice of discounting. There had been a claim that the timetable for price changes should be brought forward by one month.

The updating of costs through application of the usual indices would produce an extra £10-11m for the balance sheet in 1977, Mr Brining believed (the inquiry just starting will not provide figures for some time). How would that reach contractors' pockets? First, a hoped-for 8m more prescriptions would attract £2m in fees; £6.5m would go on the increase in net ingredient cost; the essential small pharmacies scheme would cost £300,000; the preregistration graduate allowance £200,000. That would leave only £1-2m for the basic practice allowance which was to have been paid through an increase in on-

cost in the lower prescription number bands—and would have cost £5m! The need was therefore for new money, from negotiations on an increased profit margin, an increase from property costs, or from the inquiry revealing that the updating by indices fell short of actual cost increases (as it had a tendency to do).

The apparent difference in attitude to planned distribution between the Government and the Department were pointed out by a questioner during the discussion. Mr Smith replied that he hoped the Government would not wait until the number of pharmacies had fallen to the forecast 8,000 with 4,000 health centres. That would leave only 4,000 pharmacies to serve the rest of the country.

Mr H. T. Christian was concerned about pharmacies that had been receiving the rural area subsidy but would not fulfil the criteria for the small pharmacies scheme. He was told by Mr Brining that the PSNC had asked that the Department should include a "no detriment" clause to help such pharmacies.

A GUIDE TO THE 1976 BALANCE SHEET (ESTIMATE)

Amount due	£000's	Amount paid	£000's
1. Labour:			
320m × 25.49p	81,553	Professional fees (24.56p)	78,592
2. Allowances:	209	Rural chemists	97
Uncollected charges		Oxygen delivery	786
Urgent out of hours call fees			
Urgent out of hours oxygen deliveries			
Sub-total	81,762	Sub-total	79,475
3. Overheads:			
320m × 10.39p	33,244	On-cost (11.87p)	37,968
		Rota payments	651
		Total paid	118,094
		Deduct overpayment in year	3,088
Total due	115,006		115,006

Statement of accounts to 31.12.76	£000's
Accrued underpayment at 31.12.75	1,418
Overpayment during 1976	(3,088)
Special agreements	521
Accrued overpayment at 31.12.76	(1,149)

The operation of the balance sheet system is described in greater detail in "Remuneration of Chemist Contractors with the National Health Service" issued by the Central NHS (Chemist Contractors) Committee in 1970.

1. Dispensing cost survey by activity sampling in 210 pharmacies selected from six size groups to determine proportion of staff time spent on NHS dispensing.

Application of individual dispensing ratios to wage/salary data (notional salary for proprietors) to obtain NHS labour cost for each staff member.

Individual labour costs summarised to yield total NHS labour cost for each pharmacy and divided by number of prescriptions dispensed on survey days to obtain group labour cost per prescription.

Statistical weighting applied to yield average labour cost per prescription.

Updating by application of Boots' pay indices.

Profit (4.31p) divided in ratio of labour and overhead costs respectively to total costs and added to each cost element (p per script):

Cost	22.42	9.15	31.57
Profit	3.07	1.24	4.31
Total due	25.49	10.39	35.88

2. Covered by specific agreements with the Department.

3. Analysis of account and financial records of 210 sample pharmacies and allocation of costs to NHS dispensing and retail per agreed formulae, eg turnover basis, etc. Total NHS costs divided by number of prescriptions dispensed in accounting period to yield overhead cost per prescription. Updated by indices.

People

Mr Stuart C. Anderson, principal pharmacist, Alder Hey Childrens Hospital, Liverpool, has won the Merck, Sharp & Dohme award 1977. He is to carry out an investigation into "Special formulations used in children's hospitals in the United Kingdom", and hopes to prepare a short formulary on extemporaneously prepared children's preparations for which there is no suitable commercial alternative. The presentation of the paper is expected to be made at a Guild of Hospital Pharmacists function in the autumn.

Deaths

Harrison: On April 20 after a short illness, Mr Ernest George Logan Harrison, company secretary of Lake and Cruickshank Ltd, Northbridge Road, Berkhamsted, Herts.

Knapp: On April 17, quietly at home, Mr Edward Thomas Knapp, who qualified as a pharmacist in 1935.

Westminster report

Script costs on labels?

Mr Warren asked the Secretary of State for Social Services if he will draw the attention of the public to the escalating cost of prescriptions by arranging for their cost to be written on the labels at the time of issue from pharmacies. Mr Moyle replied: "This is among a number of possible means of informing the public about the cost, uses and limitations of modern drugs which is under consideration and which I shall be discussing with the professions concerned."

Computer for prescribing

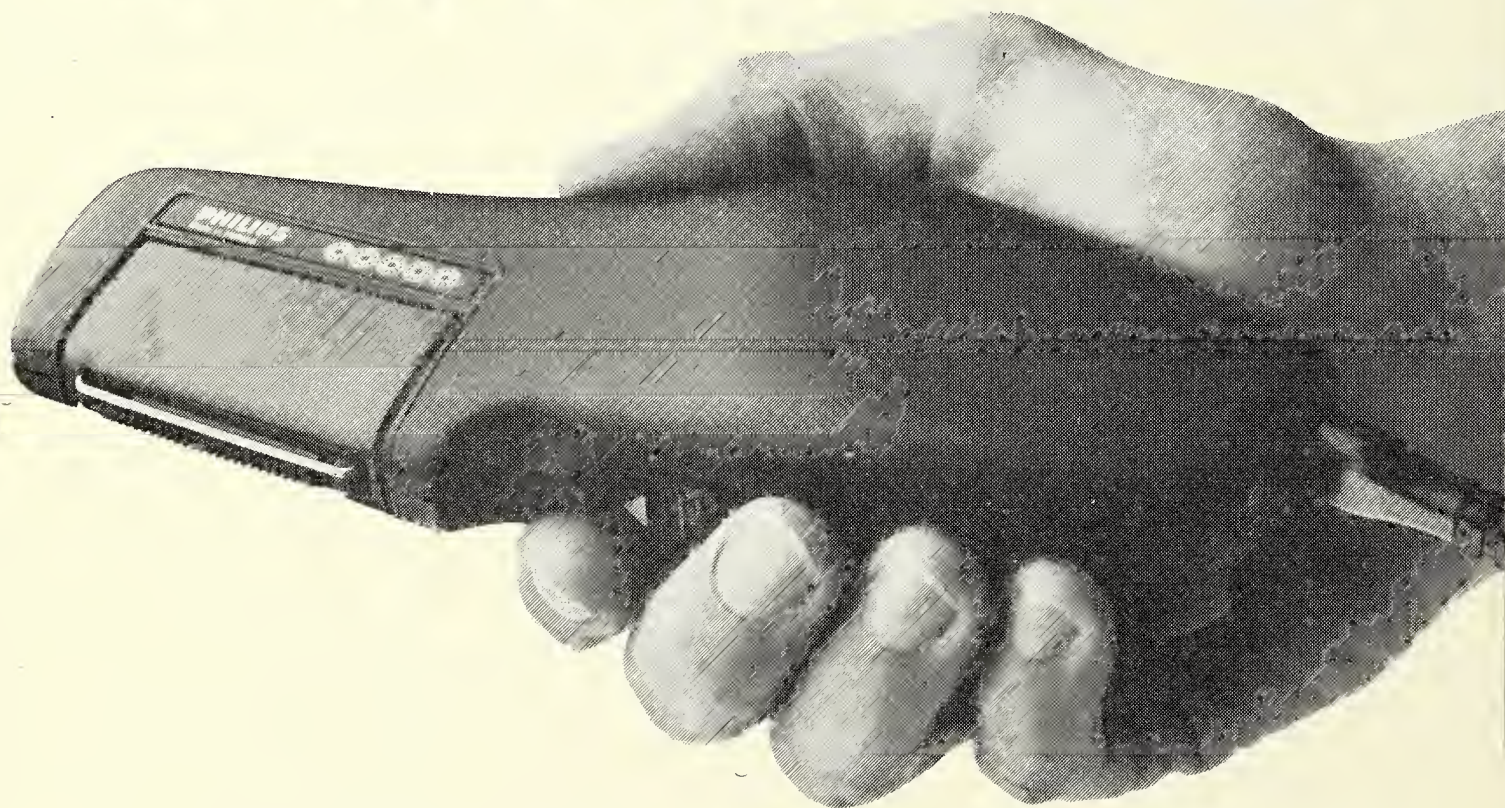
Mr Patrick Jenkin asked the Secretary of State for Social Services why his department has refused to sponsor research on a desk top computer, as outlined by Dr Bob Johnson, which would enable general practitioners to prescribe the cheapest form of drugs. Mr Roland Moyle replied that the department gave Dr Johnson a small grant from 1970 to 1972 to enable him to develop a system for numerical coding of patients' medical details.

He applied for a further £20,000 in 1974 to extend his work and install a small computer in his surgery. A team of departmental officers saw a demonstration of the system but, on advice from the independent Advisory Committee on Medical Computing, concluded there would not be sufficient demand to justify a further grant, particularly as doctors would have to keep manual records as well as coding for the computer. A further application in 1976 for a grant of £30,000 was also rejected on similar grounds.

PHILIPS REPORT

**PHILIPS**

17,000,000 customers will be watching the Philips Home Trim TV campaign.



Starting May 2nd our Home Trim is back on TV. In a big 4 week campaign on Granada, the Midlands, Yorkshire and Tyne Tees TV. And for the first time in Scotland.

Over 17 million potential customers will see the Philips Home Trim Commercial which will be screened at least 20 times.

Be ready. Get your orders in now.

Simply years ahead.



News in brief

□ The US Food and Drug Administration has announced that all labels affixed to cosmetic and toiletry products after April 15, must list the product ingredients in descending order of predominance.

□ The next conference of Celtic pharmacists will now take place in Brest in October and—because of the Silver Jubilee celebrations—not in June as originally planned.

□ The Medicines (Bal Jivan Chamcho Prohibition) (No 2) Order 1977 (SI No 670, HMSO, £0.15) comes into operation on May 10 and replaces Medicines (Bal Jivan Chamcho Prohibition) Order 1977 (SI No 172).

□ Interested parties are invited to express views on technical and practical provisions of the Finance Bill published last week. Comments to: Robert Sheldon, financial secretary, Treasury Chambers, Parliament Street, London SW1P 3AG, by May 10.

□ The *Retail Consortium News*, to be issued quarterly seeks to air retailers' views and to present a digest of the statistics available from different sources. It is to be circulated amongst MPs, Whitehall and various organisations.

□ From Friday, April 29, *The Guardian* is to start a weekly page devoted to coverage of small firms and their problems. The Small Business Guardian will be edited by the industrial correspondent, Mr John Carvel, who requests any thoughts or suggestions.

□ The Medicines (Importation of Medicinal Products for Re-exportation) Amendment Order 1977 (SI No 640, HMSO, £0.15) comes into operation on May 5 and amends a previous order by adding to the cases to which the exemption from the requirement to hold a product licence applies.

□ From July 1 responsibility for the Manpower Services Commission in Scotland and Wales will be transferred from the Secretary of State for Employment to the Secretary of State for Scotland and the Secretary of State for Wales. Responsibility for the Careers Service will also be transferred.

□ A £500 award for investigation into the need for extended hours in the hospital pharmaceutical service, from Janssen Pharmaceuticals, is open to all pharmacists currently employed by health authorities or other public bodies. Details from the administrative assistant, Guild of Hospital Pharmacists, 10/26A Jamestown Road, Camden Town, London NW1 7DT; applications must be returned by June 1.

□ Regulations have been made to limit the level of erucic acid in edible oils and fats, and to limit the level of erucic acid in the fat component of foods manufactured between July 1, 1977, and June 30, 1979, to 10 per cent; and of food manufactured thereafter to five per cent. Foods containing five per cent, or less, oil or fat are exempted, unless described as specially prepared for infants and young children.

Topical reflections

BY XRAYSER

Comprehensive

The April meeting of Council of the Pharmaceutical Society was devoted to wide-ranging discussion, enlivened by the reactions of Mr C. C. B. Stevens to the replacement of the committee flag by what he described as a bauble, though the Council chamber is scarcely the place for jesting. It seems that the signal for the meeting to have gone into committee is now a light, and Mr Stevens complained about not seeing the light. I was surprised to learn from your report that the seating arrangements in the new chamber result in the reporters' bench having difficulty in hearing the contributions of some of the members, for I should have expected the room to be perfect acoustically. But now that the proceedings are carried out just across the river from Westminster, it may be thought that the example set in Parliament, where a polite conversational tone is favoured, is all that is required.

But to business. I read, with more than common interest, the decision of the Society to press for continued use of bottles distinguishable by touch in the interests of public safety. I have referred on more than one occasion to the present very limited range of bottles for different purposes, but I had never envisaged the day when the fluted bottle would disappear from the scene. (Nor, it seems, have the manufacturers, for on p559 an advertisement appears illustrating one such, depicted very appropriately standing guard in what appears to be a sentry-box.)

It was recommended that the Home Office and the Department of Health should be informed that, in the Society's view, all medicines for external use should be in bottles distinguishable by touch. It was also agreed that a letter on the subject should be sent to the Glass Manufacturers' Federation, though p559 suggests that manufacturers are not unaware of the benefits of containers of that kind. Speaking from memory, I think it was the 1933 Act which standardised the poison bottle. I recall a large variety of triangular and hexagonal blues, greens and browns, some fluted and some studded, but all, if lifted in the dark, announcing that they were distinguishable from ordinary medicine bottles.

Responsibility

Sometime during the tenure of office of Mr J. P. Bannerman as president of the Pharmaceutical Society, a letter in his name was sent to pharmacists concerning the sale of three named products. (The date escapes me, but it is not vital.) It was recommended that a special register should be kept and that all sales of the products should be recorded and the purchaser asked to give his name and address and sign the book kept for the purpose. I had reservations in the matter, for it was evident that the preparations named were not the only ones subject to excess. To my mind, what was required was nothing other than the careful supervision of the sale of all medicines, particularly those which might give rise to abuse. The pharmacist with years of experience develops a sixth sense and is seldom wrong. It is when the pharmacist becomes suspicious and, after questioning, decides to withhold supply that he is exercising a full, discriminatory, professional responsibility.

Retirement

I read with regret of the impending "retirement" of Harry Steinman. He has given many years of devoted service to pharmacy—years that have been marked by hard work and by an unassuming exterior which did not conceal the honesty and complete integrity of the man. He has the good wishes of all who have known him.

New products

Electrical

Universal hairstyling set

The Philips Universal hairstyling set, model HP 4122 (£15.67 trade), caters for almost every requirement in home hair styling. The choice of four air speeds and heat settings ranges from rapid drying at 800 watts combined with fast air speed to the warm 400 watts with gentle air speed. The seven accessories include a modelling brush which enables the hair to be curled or waved when drying, a fine comb for curls and natural waves, a wide-tooth comb to smooth out long hair or handle unruly curls, and a brush for back-combing. A spray accessory provides a fine mist to dampen hair and a nozzle attachment is supplied for more direct drying. Two attachments may be used at once by means of a special holder. There is a thermal cut-out to prevent overheating, with automatic reset, and six ft of flexible cord (Philips Electrical Ltd, City House, 420 London Road, Croydon, Surrey).

Cosmetics and toiletries

Poly's Simply Sensational

Halls Hudnut have launched a new colourant in the Poly range, called Simply Sensational (£0.89). It is of the shampoo-in variety and is available in eleven shades with a "particularly effective series of browns". Simply Sensational provides lasting colour and is said to blend in up to 100 per cent grey hair, lighten up to three shades in some cases and leave hair in excellent condition. The packaging is round crushproof drum shaped and contains a tube of colouring cream, a liquid oxidant and a pair of plastic gloves. A full range of point-of-sale material will be available and the launch will be supported by television advertising in the London, Midlands, Wales and Westward areas (Halls Hudnut, Chestnut Avenue, Eastleigh).

Elseve Balsam shampoo

L'Oreal have introduced an Elseve Balsam shampoo (£0.75, introductory price £0.55). They describe it as a high performance, technically advanced shampoo which caters for all hair types, except the very greasy. The conditioning elements in the formula include substantive polymers which coat each hair shaft, helping to smooth the scales to leave the hair smooth and untangled. A large sampling operation will take place in June (Golden Ltd (L'Oreal), 18 Bruton Street, London W1A 1BX).

Rapport with Max Factor

Max Factor are introducing a new fragrance, available for sale from June 1. The fragrance is called Rapport and the company says it reflects not only the trend towards perfumes with an emphasis on rich floral notes but also the demand for fragrances of great immediate impact, diffusion



and tenacity. It is designed "for the woman who is not afraid to express her femininity in the perfume she wears."

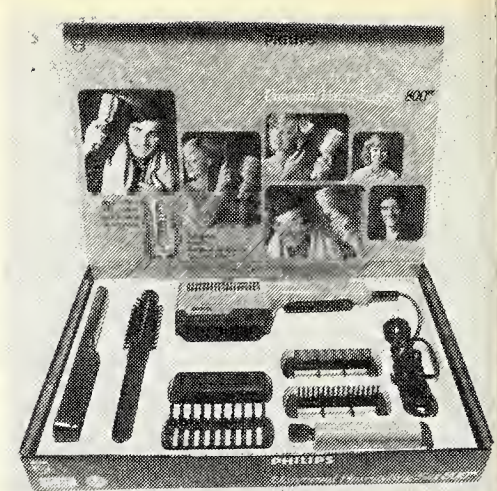
The product will be launched with a £500,000 advertising and promotional campaign including women's magazines, such as *Cosmopolitan*, *Vogue* and *19*, national television and commercial radio. Prices: Perfume spray (£3.50), intensified Cologne (£3.75), intensified Cologne spray (£3.60), perfumed talc (£1.35) perfume (£5.25), special introductory offer price for intensified Cologne spray (£1.70) (Max Factor Ltd, 16 Old Bond Street, London).

Helena Rubenstein's Blazer

Helena Rubenstein have introduced a new fragrance called Blazer by Anne Klein. The fragrance symbolises the alliance of the cosmetic company and a fashion house—Anne Klein is successful in America for her classic look of tailored sportswear and sophisticated casual clothes. Blazer is a long-lasting blend of fresh flowers, crisp green notes and lingering woods, described as "sporty, jaunty, casual and fresh". The range includes 7cc perfume (£8.00), 5g perfume spray (£7.00), 50ml concentrated Cologne (£4.30), 50ml and 100ml concentrated Cologne sprays (£4.45 and £7.50) (Helena Rubenstein, Central Avenue, East Molesey, Surrey KT8 0RB).

Essence Rare from Houbigant

A new perfume from Houbigant, Essence Rare will be available for sale in September. It is described as a fragrance that "starts softly and never seems to end". The unusual packaging will form eye-catching displays, coupled with the merchandising which in turn co-ordinates with the advertising theme that will be seen both on television and in major magazines. Prices are: Perfume 7.5ml (£6.00), 15ml (£9.50), 30ml (£15.00), eau de toilette spray 21g



(£2.50), 50g (£3.60), 100g (£4.95), eau de toilette sprinkler 50ml (£2.95), 100ml (£3.95), splash Cologne (£2.75), body fragrance (£2.75) and the powdering (£3.95) (Houbigant Ltd, Balcombe Road, Horley).

Veterinary

Flea killer for cats

A new flea killer for cats is being launched by Sherley's Ltd. The Catband (£0.78, a clear plastic collar impregnated with dichlorvos, is expected to complement rather than compete with the felt insecticidal cat collar. A new point of sale dispenser is available containing six Catbands, Dogbands and insecticidal cat collars (Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey).

on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Anadin: All areas

Aspro Clear: All areas

Farley's rusks: All except E, CI

Johnson Glade: All areas

Max Factor Maxi: All except E

Mum roll-on: All except E

Odor Eaters: All areas

Radox Showerfresh: All except U, E

Signal: All areas

Soft & Gentle: All areas

Sudocrem: Lc

Sunsilk setting lotion: All areas

Vichy: Ln, A, WW, So, CI

Vitarich: Lc

You might have to make some allowances for our new large size pack.



Following the success of our standard 10 mini-pad Fastidia pack, we're now introducing an economy 20 pad pack. And we're sure you'll soon find it earns its extra shelf space.

At less than the price of two tens, it's a real economy at a time when women are looking for savings.

And with Fastidia sales growing at 24% a year, it will encourage growth still further.

Especially as we're launching it to coincide with peak summer sales.

So to help you take advantage, here's a couple of allowances we'd like to make you.

There's an introductory bonus on every dozen economy packs you order.

And for all those who don't stock Fastidia already we'll supply you with 24 free samples of

three pad packs for you to offer to your customers.

All you have to do if you're a Fastidia stockist is contact your local Lilia-White representative or local wholesaler for further news.

And if you're not, just send us this coupon and we'll get in touch.

Please supply my 24 free sample packs of Fastidia mini-pads.	2
Name _____	
Address _____	

Fastidia MINI PADS IN 20'S	
Send to: Fastidia offer, Lilia-White Ltd., Birmingham B8 3DZ.	



**From this
instant...**

**massive
new business
for you**

**Kodak instant
cameras and film**



Trade News

Camcolit 400 tablets

Camcolit 400 is to be introduced by Norgine Ltd, 59 High Holborn, London WC1V 6EB, on May 2. Each white uncoated tablet, engraved "Camcolit S" one side with a break line on the reverse, contains lithium carbonate 400mg (100, £1.52; 500, £6.80 trade).

Visken 15mg tablets

Sandoz Products Ltd, PO Box Horsforth no 4, Calverley Lane, Horsforth, Leeds LS18 4RP, are introducing a 15mg presentation of Visken (30, £5.68 trade) on May 2. Each white, round, flat, bevel-edged tablet is marked "Sandoz" one side, "JU" the other, and contains pindolol base.

Penbritin veterinary pack

Penbritin injectable 500mg cartons of 10 vials (£4.25 trade) replace the packs of 5 × 500mg plus diluent, which are now exhausted. Beecham Animal Health, Beecham House, Brentford, Middlesex, say the new pack has enabled a 20 per cent price reduction per vial.

Haliborange to Farley

From May 2, Haliborange tablets will be marketed by Farley Health Products Ltd, Torr Lane, Plymouth, Devon PL3 5UA and not Allen & Hanburys Ltd as at present. The latter say that this will enable them to devote more resources to their "ethical" pharmaceutical products.

Drug Tariff dressings

Lionet and Paratulle have been accepted onto the Drug Tariff, according to Edwin Burgess Ltd, 27 Uxbridge Road, Hayes, Middlesex UB4 0LF. Lionet is an elastic net tubular surgical stockinette, available in four sizes. Paratulle is a 10cm × 10cm sterile paraffin tulle gras dressing BPC (10 pieces, £0.60 trade), each piece doubly interleaved and individually packed in a peelable outer foil wrapper. Paratulle is also available in 10cm × 20cm and 10cm × 40cm sizes in packs of 10 pieces, in addition to the Drug Tariff size.

Sotacor larger pack

Bristol Laboratories, division of Bristol-Myers Co Ltd, Station Road, Langley, Slough SL3 6EB, have introduced a pilfer-proof container of 300 Sotacor 80mg tablets (£13.04 trade).

Natural ingredients

A comprehensive range of French products is available from Jacobson chemical division, R S Stokvis & Sons Ltd, Pool Road, East Molesey, Surrey. Nearly 50 natural essential oils together with fresh fruit concentrates and sweeteners are offered. The new Common Market regulations will soon make it essential for British manufacturers of certain foodstuffs and con-

fectionery to use natural ingredients for colouring and flavour, according to the supplier.

Tugon repackaged

Tugon antkiller has been repackaged in a damp-proof plastic Securitainer by May & Baker Ltd, Dagenham, Essex RM1 2TL (50g, £0.37). Two point-of-sale aids—wobblers and self-adhesive shelf tape—have been designed for May & Baker garden products, which are now available in shrink-wrapped outers. The tape reproduces a message every 9in.

Lil-lets and Fastidia promotion

All 20's packs of Lil-lets in the three absorbencies—will feature a consumer offer of a Gossard bikini until June 10. Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ, are inserting a leaflet in the packs showing the patterns and colours available and carrying details of how to purchase; the bikinis are available to consumers at a saving of about £2 off the normal retail price. Display material will be made available through the sales force and advertising of the Lil-lets range will feature a girl wearing a Gossard bikini.

The company is also adding a 20's pack of Fastidia to its range to answer consumer requests for larger quantities at a more economic price.

Amplex on the air waves

Double Amplex breath freshening capsules from Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey KT22 7JZ, will be advertised on local radio stations throughout Britain until the end of June. The campaign will run in tandem with one in the national Press and specialist magazines which continues to the end of the year. Marketing manager, Jonathan Dick says of the advertisements: "They are humorous with a tragi-comic undertone. One describes the downfall of an American ambassador sacked because he nearly caused a nuclear strike after a sheik was repelled by the smell of hamburgers on his breath. Others describe the adventures of a farmer and a female lumber-jack".

Sunsilk sponsors athletics

Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY, are backing Sunsilk with £5,000 to sponsor the Women's Amateur Athletics Association Championships for the first time this year. The Championships will take place at Crystal Palace August 19-20. A special Sunsilk relay is planned and it is hoped that a men's invitation race will be organised. The two-day event will be covered by BBC television.

New Sweetex

Crookes-Anestan Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA, have launched a "new Sweetex" no-calorie sweetening tablet, said to have a greater acceptability to the palate. The packaging remains the same—green and white—but with the word "new" in white out of black, highlighted as a flash above the Sweetex logo. A series of Press advertisements will be appearing in four slimming publications from May onwards—*Success-*



ful Slimming, Weightwatchers, Slimmin, and Silhouette Slimmer. This campaign will be followed by a programme in selected women's magazines, including *Woman's Own, My Weekly, Annabel, Family Circle, Living, She and Woman and Home.* A national television campaign is planned for July, for which a new commercial featuring Anita Harris has been prepared. A point of sale a new modular display unit is available.

Tabu eau de toilette

Dana Perfumes Ltd, 7 Conduit Street, London W1R 9TG, have introduced an eau de toilette into their Tabu range, following consumer research which indicated that women now prefer the deeper fragrance of an eau de toilette. The product is available in four sizes, 445cc (£14.00), 225cc (£9.00), 110cc (£4.50 and 53cc (£2.65).

POS material for Pennywise

Libresse Pennywise towels, from Molnlycke Ltd, Sancell House, Harpenden, Hertfordshire are now being backed by a selection of five Pennywise point of sale items merchandised through their own sales force. The items, which comprise window stickers, shelf arrows, shelf stickers and wobblers, are designed to help the consumer appreciate the value for money offered by the product.

More chances to 'win with Wogan'

The second competition in the series of five run by Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ, promoting Dr White's under the slogan "win with Wogan" commences on May 2 and closes June 30. Two first prizes are Sprite caravans; there are 50 second prizes of pocket Instamatic cameras and one hundred "All time greats" LP records as third prizes. The first competition ends on April 30 and it is expected that disc jockey Terry Wogan will present the five first prize winners with colour television sets towards the end of May.

Ultima face make-up pencils

Thirty-nine shades are offered in the Ultima II collection of face make-up pencils, from Charles Revson, Revlon International Corporation, 86 Brook Street, London W1Y 2BA. Fashion, the company tells us, now dictates the strong use of pencils, with eyelining both inside the eye and out, a defined brow and lip liner returning to favour. They have introduced double-ended cheek pencils (£2.95), colour co-ordinated to allow for daytime and evening wear—mulberry and currant, and molasses and honey.

Complementing the cheeks, Ultima II pencils combine firm liner with soft colour in a choice of four co-ordinate

shades (£2.95)—plum berry/rich plum, holly berry/rich red, brown berry/sheer walnut and pink berry/rich pink. Nine cream and frost combinations of the eye shadow pencils (£2.95) are also available, in a soft lead which glides easily over the eye with no stress, pull or drag, and two colour combinations have been introduced to the eye liner pencils (£2.95), they are black/navy and dark brown/dark green. Eyebrow colour sticks (£1.85) complete the collection in five shades—auburn, soft black, charcoal brown, ebony brown and charcoal grey.

Revlon's lips and nails

Revlon International Corporation, 86 Brook Street, London W1Y 2BA, have added three flavoured lip balms to their Natural Wonder range which, they say, not only look and taste good, but actually help to heal and soothe the hurts of splitting, cracking or peeling lips. Good for You lip balms (£0.50) are packaged in lipstick size swivel containers in fresh strawberry, mountain mint, and fresh melon and, says the company, provide real protection against chapping, so that lips feel good in sun, rain, wind or cold.

The company has also added eight creme shades to the Fabunail range, pink rose, rosewood, russet, mauve, cocoa pink, coral fire, cinnamon and red lacquer (£1.25). Fabunail protective nail colour, formulated with bonding agents, is said to provide the greatest possible wear, help prevent peeling and help nail growth because the conditioners and protein reduce splitting and breaking.

Delial sampled

First shot in the £300,000 promotion campaign for the Delial sun tan range from Bayer UK Ltd, Haywards Heath, West Sussex, is sampling to the one and a half million women who buy *Woman* magazine. A sachet of Delial sun cream, factor 4 is being advertised in the May 7 issue, on the bookstalls from Wednesday, May 4. This sachet, which is flashed on the front cover of the magazine and editorially endorsed is in addition to the £92,000 campaign of 20 full colour pages in five other women's magazines—*Woman's World*, 19, *Honey*, *Woman's Own* and *Woman*.

The offer will be followed in *Woman* magazine's special Jubilee issue of June 4 with a double-page, full-colour advertisement which has been treated in an editorial manner. This will explain in detail the use of the full Delial range of sun tan products and also give information and advice on suntanning. The Press campaign is being backed by a national local radio campaign and major promotions direct to the consumer.

Cutipen advertised

An advertising campaign for Cutipen cuticle care breaks in May. Fulford Williams (International) Ltd, Cornwall Road, Hatch End, Middlesex, have selected the following magazines for the advertisements: *Woman*, *Cosmopolitan*, *True Story*, *True Romances*, *Woman's Story*, 19, *Mirabelle*, *Fab 208*, *Mates* and *Ink* which they hope will reach 75 per cent of their target audience of all women under 25 years of age. The campaign will help back the launch of the new blue and yellow packaging for Cutipen and the copy

will urge the reader to take a closer look at her thumb, "the most neglected part of your body".

Training films for businessmen

Among the training films released this spring by Video Arts Ltd, 205 Wardour Street, London W1V 3FA, is "The balance sheet barrier", featuring John Cleese and Ronnie Corbett, which is an exposition of basic business finance for non-specialists. "The secretary and her boss", a film in two parts, stars John Cleese, Adrienne Posta and Rosemary Leach and illustrates situations that might arise in an inefficient office. It is intended to be seen by both managers and secretaries and analyses faults by both. Each of the films has a related booklet and notes for discussion leaders. Details of prices for purchase or hire of the films may be obtained from the above address.

Numark on Piccadilly Radio

Numark members in the Manchester area were being supported by commercials on Piccadilly Radio this week. Twenty-one 30-second spots were to promote SR toothpaste, Gil blades, Slender, Andrex toilet rolls and Simplicity towels. Aimed at housewives, four spots a day (five on "traditional" shopping day, Friday) are concentrated in morning and afternoon listening periods.

The advertising, by Numark wholesalers Macarthy's Ltd, covers an area in which

80 of the 100 member pharmacies carry group symbols enabling the customer to identify them. There is supporting in-store advertising and a window banner with the message "As advertised on Piccadilly Radio". The station supplied "stack cards".

Solport face squares

Solport Brothers Ltd, Portia House, Goring Street, Goring-by-Sea, West Sussex, have introduced three new colourful face squares. Trade prices include discounts for complete bales of 1,200 cloths.

Glade on television

Johnson Wax Ltd, Frimley Green, Camberley, Surrey, are spending £140,000 on a four week national burst of television advertising for Johnson Glade freshener.

Bonus offers

Syntex Pharmaceuticals Ltd, St. Ives House, St Ives Road, Maidenhead, Berks. Metanium ointment (13g, 35g), Derbac liquid (50ml), shampoo (50ml), soap (74g) and combs 12 as 10 from wholesalers until May 20.

Unichem offers for May

Ten lines are on special price offer to members of Unichem Ltd, Crown House, Morden, Surrey, between May 2 and 21. They are: Andrews liver salts, Dry Look, Kemval nail polish remover, Kleenex boutique tissues, Lil-lets, Palmolive shave cream, Signal, Tufti tails and tie-on pants, ZP11 medicated shampoo.

J & J offer family savings on products and services

Johnson & Johnson, who claim over 60 per cent of the baby toiletries market, are to launch their biggest-ever promotion—the "family savings" campaign—with national television and Press advertising in May.

A three-month "family savings bonanza" will offer customers the opportunity to save money on a number of goods and services and will be backed by point-of-sale material, a display incentive scheme and price discounts.

By sending a completed promotional leaflet plus proof of purchase of a J&J baby product, customers will be sent a voucher entitling them to discounts on goods and services from specified sources in the scheme—dry cleaning, television rental, cinema tickets, family meal at a Berni or Schooner Inn, furniture and household insurance. Family saving leaflets will be available both in-store and in national Press advertisements. All offers close on December 31, except the Berni and Schooner Inn offer which closes on November 13.

Discounts of about 12 per cent will be available to the trade, and J&J hope these will be reflected in the retail price levels during the promotional period. They will be spending £300,000 on both the media support for individual brands and national Press advertising in *The Sun*, *Daily Mirror*, *Daily Record*, *Daily Mail*, *Daily Express*, *Sunday Mirror*, *News of the World* and *Radio Times*.

The promotion follows the pattern of the 1976 "savings code" promotion which was successful in achieving high increases in both ex-factory sales and selling-out figures. Brand shares increased over the range of baby products, especially baby

shampoo which achieved brand leadership through major multiples.

J&J see the promotion not only as a way of increasing purchase levels from existing buyers but also as an encouragement to lapsed and non-buyers. They point out that 70 per cent of sales are now for adult use and that while they are investing heavily in promoting their products in this market, many retailers are still unaware of the sales opportunity that provides. "Customers looking for products for their own use will go to the main toiletries section of the store and not the baby section. By displaying products in both sections, the retailer will be taking advantage of an increasing market situation and therefore higher profit potential than is possible in the baby section alone."

Details of price discounts and merchandising back-up are available from Johnson & Johnson Ltd, Slough, Berks SL1 4EA.



There comes
a time in
every
woman's life
when she
needs some
one to get a
good, firm
grip of her
legs.

And we're
just the
ones to do it!

Lastonet



LASTONET PRODUCTS LIMITED
Redruth, Cornwall.

Telephone: Camborne 714141 (std 0209)

Shopfitting and equipment

Personalised labelling

Rollco Papers Ltd, Thames House, Hartwell Street, London E8, are offering a range of seven Primark pricing and labelling machines. The Primark D2 (£83.20 ex VAT) prints up to four lines in two colours. One or two lines are printed from fixed plate (personaliser, £3.12 ex VAT), whilst the other two lines contain the variable information, offering up to 20 characters on either line, changed by a dial at the top of the machine.

The Primark L1 (£28.60 ex VAT) offers two lines of print with up to six characters where less sophisticated coding and marking are required. Up to 6,000 labels per hour can be printed and applied to any flat, round or curved surface. Labels are supplied in reels of 1,250 or 1,500 and a new reel can be spliced onto the old, eliminating conventional reloading.

Simpler telephone answering

The Autophone from Shipton Telstor Ltd, Shipton Group House, Oval Road, London NW1, is claimed to overcome the problem experienced with some telephone answering machines of having to run the recording exactly the length of the tape cassette.

Autophone uses a cassette tape of three minutes capacity but on which can be recorded an announcement of any length. The machine plays it to a caller and automatically switches to record the caller's voice at the end of the announcement. The machine then rewinds the tape to the beginning for the next caller. The manufacturer says that in this way the user can record an announcement explaining current circumstances without first having to draft it for length.

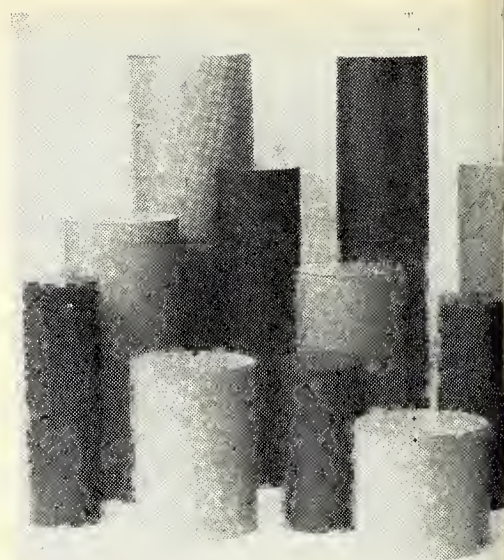
Dust-retaining floor material

A dust and dirt-capturing material for floors, Nomad Cushion Plus surfacing material comes from 3M UK Ltd, 3M House, Wigmore Street, London. It is available in 3ft by 20ft rolls (£117.30 ex VAT) or 3ft by 5ft mats (£36.51 ex VAT), in a choice of three colours—gold, red and green—with optional seaming and edging kits.

Nomad is manufactured from lightweight, durable, non-woven vinyl, has low static properties and is flame resistant, according to its manufacturers. Its porous construction traps dirt which is retained until vacuumed or shaken. Placed in lengths, mats, or fitted wall-to-wall, at the entrance to clean-areas, Nomad maintains a clean environment.

Low cost storage space

Frame Supported Domes comprise a lattice steel framework over which is stretched a PVC coated, flameproof, fabric retained by anchored cables. Gotthard Air Structures (UK) Ltd, Meadowcroft House, Balcombe Road, Horley, Surrey, say that the system provides rapidly



Displayer tubes from LEB Paper Tubes Ltd, 1 Rydens Grove, Hersham, Surrey, nest inside each other for transit and storage and are available in various sizes up to 18in by 47in. For use as display plinths, counter and shelf supports, dump bins and containers they are made from cardboard and may be painted or covered. The starter nest 1420 (£5.50) contains six tubes of varying size from 11in by 8in to 14in by 20in.

erected storage space from £21.50 per sq metre.

Any length is available in six spans between 10m and 30m. Roof heights are 4.5m and 6m to eaves. In the event of the fabric being punctured a permanent repair can be undertaken within minutes using the kit provided. Optional extras include lighting and heating, and erection takes four to eight weeks according to size.

Shop theft data by computer

A computer analysis of 50 variables, designed to provide retail management with detailed information on its shoplifting patterns is available from Group 4 Total Security Ltd, Farncombe House, Broadway, Worcs. The system follows Group 4 use of similar, though less complex, analysis of arrests made by their 400 store detectives nationally. Retailers analyse their own shoplifting situation according to age, sex, day of the week, time, type and value of goods and location. Input to the system is prepared by the client to protect the confidentiality of his arrested customers, and the client's own data. The key to the chosen codes does not appear on the printout, preventing anyone from turning information against the client.

Dry ticket printer

A dry foil instant ticket machine, the 21A (approx £1,200), from Masson Seeley & Co Ltd, Howdale, Downham Market, Norfolk, is designed to enable large shops and stores, or groups of smaller shops, to produce quickly and economically tickets and card displays. The manufacturer says the machine prints detailed displays in a matter of minutes, in several colours, foils and type sizes.

Cards can be produced up to 12½in by 9in, and in two operations up to 18in by 11in, with intermediate sizes as required. The machine occupies 28in by 18in and is 30in deep. Other models are also available.

Beecham Bulletin

BEECHAM PROPRIETARIES BRENTFORD MIDDX

**BEECHAM
HOME MEDICINES
The Business
Builders**

Beecham bring sunshine to sales!

HOT SUMMER LINES GET BIG BOOST

GERMOLENE Medicated Footspray and All Fresh Clean-Up Squares, both big hot-weather sellers, are both getting a big boost between now and summer.

This, Beecham explain, is not just in terms of advertising, but in those of customer incentives as well.

25% EXTRA

The special Germolene Footspray pack containing 25% extra, a sales winner in past years, will again be in distribution.

The peak selling summer season will bring strong national press advertising too. So this Medicated Footspray will stay firmly in customers' minds as well as going on their feet.

4p OFF

All Fresh packs, currently selling at only 25p, represent a 4p saving to your customers.

This bonus, plus summer-long TV support, means that the No. 1 Moist Clean-Up Squares will be hotter favourites than ever this year.

TAKE STOCK

Weather, special offers, advertising support . . . with so much going for these two brands, Beecham are right to advise retailers that it's time to take stock of stock. "Don't", they say, "leave it too late, as in past years. That misses deals on top of losing sales!"

SPRINGTIME TONIC

Iron Jelloids, Yeast-vite and Phyllosan are the big pick-me-ups after a dreary winter.

They can all be displayed in this Springtime basket. Just talk to your Beecham representative about getting one.



More Footspray for the same money, less to pay for All Fresh . . . two attractive offers that will further increase demand for these already popular brands.



No. 1 for summer colds

While most of us are enjoying the sun, there are always others suffering with those misery-making summer colds.

Without wasting a second, they'll be coming in for Beecham's Powders.

All-year-round advertising is keeping the name right there in front of your customers' eyes.

Getting the Nurodol message

Beecham's new paracetamol-based analgesic will continue to get a big advertising push in the mass circulation dailies and Sundays.

It's a simple, impactful message: "A painkiller that does not upset your stomach."

PROFIT EXTRA

DIOCALM

Summer holidays always bring a big demand for Diocalm.

The No. 1 anti-diarrhoeal will be on deal, with a handy new display dispenser.

Big National advertising starts soon. So get stocked up before the summer sets in.

PHENSIC SUMMER TV

Headaches come on without a word of warning.

So we're getting in first and helping your customers relieve them, with a heavy-weight TV campaign for Phensic.

Make sure you've got the stock to meet demand.

Magnificent May Offers



SIGNAL
20% off

LIL·LETS
10% off

**KLEENEX
BOUTIQUE**
10% off

REVLON ZP11
MEDICATED SHAMPOO
12½% off

**ANDREWS
LIVER SALT**
10% off

Offers available
exclusively to
UniChem
Shareholder Memb
2nd·21st May



An additional 6%* discount
in the form of Profit-sharing Rebate

(* BASIC RATE FORECAST)

for UniChem Members



To: J. A. L. SPELLER, General Sales Manager,
UniChem Ltd., Crown House, Morden, Surrey



Name _____

Address _____

I would like to know more about UniChem

_____ Date _____

Steradent celebrates its 40th birthday with a present for everyone!

* **15% extra powder
in every medium and
large bottle—free to
all your customers.**

* **Powerful new advertising
continues to build a dynamic
new image for Steradent—
nationwide.**

* **Stock up and display
these birthday packs now.**

* **Share in the tremendous
boost in Steradent sales.**



**Reap the rewards
of 40 years
success—NOW!**

British influence on pharmacy around the world—1

'Pharmacy' without pharmacists

by Mervyn Madge, FPS

Mention the Far East and thoughts of junks, paddy fields, the water buffalo, chopsticks, the mysterious Orient, drugs, dragons, and typhoons spring to mind. What part does pharmacy play in China or other countries with a large Chinese population such as Hong Kong and Singapore?

"Pharmacy" is different in many ways from that in the UK. There may be no pharmacist or a pharmacist may be in control but there is little dispensing, if any. The bulk of medicaments supplied or dispensed are of animal or vegetable origin and there is a large sale of vitamin preparations supplied by Western pharmaceutical manufacturers. In some Far Eastern countries seeking to be self sufficient, there is pressure to use and develop traditional medicine from natural sources.

Some 80 per cent of the 800 million population of China work on the land. The country has many aspects of a peasant economy, with limitless supplies of manual labour. There are no pneumatic drills for roadwork or quarrying. Stones for the road are broken by hammer, and goods are transported by the ubiquitous pole across the shoulders with hanging baskets at each end. The water buffalo is still the main source of "energy" in the fields. Travel is by foot, bicycle (there are thousands of them in the towns) of "packed jam tight" bus.

State is supreme

Freedom of movement is only permitted in the interest of the State. A person working in Peking, for example, has to get State permission to work in Canton. The State is supreme and its needs and wishes come first; the individual second, with the acceptance of the creed "from each according to his ability, to each according to his needs". There are no Western "luxuries", just bare essentials—no cash registers or calculators, just the abacus—no escalators, just the stairs—no carpets, just the floor—and no street lighting at night.

No class distinction is allowed, everyone wears the same style of dress—the "boiler suit" as we call it—and there is a dictum that all must work on the land for at least one month a year, usually harvest time, so that there is no distinction between the industrial worker and the peasant. However harsh and poor these conditions may seem, they are a vast improvement to conditions before the revolution.

Pharmacy is not a separate independent profession but part of a State pattern. It is also pharmacy (if I can use that term) without a pharmacist. This attitude could give food for thought in the West in its endeavours to maintain and uphold pharmacy as a profession outside State control.

Although traditional medicine is customary, Chairman Mao decreed that both western and traditional medicine must be used for the benefit of the people; herbs, roots, barks, etc, and substances of animal origin are prevalent.

The "bare foot doctor" has emerged, having had some medical training and been taught pharmacognosy. He or she has learnt to recognise, gather, dry and prepare drugs as well as prescribe and dispense them. I visited one rural commune of 67,000 persons where the "bare foot doctor" was treating a child with a sprained ankle. A freshly prepared spread plaster was applied and the sides of the "dispensary" were full of shelves and cupboards containing herbs, roots and barks. The "bare foot doctor" can perform minor operations, use acupuncture, give first aid, be a water analyst and sanitary inspector. He is a "bare foot pharmacist" as well as a "bare foot doctor" and undertakes all the duties which a UK pharmacist could do if necessary.

I was fortunate to witness two opera-

tions using acupuncture, one for thyroidectomy with the use of pethidine for its calming effect, and the other for hernia using acupuncture alone. It is amazing to see the patients conscious during the operations and sitting up on the table immediately afterwards. Much research has been and is still being done on acupuncture anaesthesia by "pharmacy" in China. An extract of the Datura flower combined with pethidine and chlorpromazine is given orally or injected to induce anaesthesia. An adult dose of 5mg lasts five or six hours and the patient can be restored to consciousness in 5-10 minutes with an injection of a herbal extract of physostigmine.

I inspected two "dispensaries", one at the rural commune, the other at a large hospital. At the commune ampoules were being sealed by persons wearing the usual sterile mask, but there were no aseptic conditions and the doors had the window sections fitted with perforated screens similar to those common years ago in

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The above article—the first in a series of two—was written during Mr Madge's recent world cruise. While abroad, he photographed pharmacies in many different countries. Above left, shows a sign in Naples; right, a pharmacy in Fort Lauderdale, Miami, which has a snack bar attached. Below, pharmacies in Sri Lanka



Pharmacy in the Far East

Continued from p605

pantries. Water was being distilled and I noticed a tablet machine and a rotary pill or tablet coater. General conditions were similar at the hospital—no pharmacists as we know them; the place primitive, untidy, with inadequate lighting, no aseptic conditions, no clean plastic shelves or benches, no organisation, some stock mixtures (Mist Pot Iod, Mist Nux Vom Alk), the usual range of tinctures, infusions, "copies" of Western medicines, together with herbs, roots and barks. The whole had an air of dilapidation as of an out-house or bottle store. However I must in fairness repeat that conditions are an improvement on pre-revolution days. A few Western pharmacists could make a great difference.

Hospital treatment is free but patients must bring their own food. (Would this cut hospital costs in the UK?)

There is pharmaceutical manufacturing at centres like Shanghai and Peking; supplying drugs and otc medicines, especially tonics and vitamin preparations.

Looking to the future, China with its vast reserves of manpower and eventual industrialisation and mechanisation will be a great, economic, political, and, if necessary, military power. It desires peace to develop and "pharmacy" as we see it badly needs developing alongside. One thing must be mentioned—the friendliness, the courtesy, and helpfulness of the Chinese people.

Hong Kong and Singapore

Hong Kong has four million population of which 98 per cent are Chinese. There are over 1,000 Chinese "herbalists" or "druggists" compared with 60 pharmacies

of the Western pattern. An Act of 1841 gives the right to continue traditional practices and customs. The Chinese visit a Chinese doctor who prescribes (and very often dispenses) traditional medicine and the prescription is taken to the Chinese herbalist. It is interesting to stand in a Chinese dispensary and watch the weighing out of the herbs, roots and barks—very often by hand scales—and pieces of stone or rhinoceros horn or animal products being crushed in a mortar.

No qualification is necessary to become a Chinese herbalist but the medicines inspectorate keeps a watchful eye to protect the public and ensures no breaches of the law. A Medicine Act has been passed, similar to that of the UK but not yet in operation, delayed no doubt to watch the effects, problems and experiences of the UK. The control of Chinese herbalists and their products will present headaches.

As the Chinese usually visit their doctors and herbalists there is little on the dispensing side for the Western trained pharmacist and pharmacy. However, controlled drugs and the sale and supply of medicines only through a pharmacy is a valuable asset, as is also the supply of all those traditional lines associated with a Western pharmacy. The increase of herbalists is controlled by the regulation requiring a poison licence before a pharmacy may be opened, given only to pharmacies considered of good standard. Recognition by and registration with the government department is necessary before practice.

Hong Kong has no qualification of its own but most pharmacists graduated in the UK with which there are strong ties. The Pharmaceutical Society of Hong Kong and its council have much influence, especially in a consultative capacity with the government. The Hong Kong society has, in its coat of arms, the stag and the pestle and mortar of the coat of arms of our Pharmaceutical Society.

There is a thriving pharmaceutical manufacturing and wholesaling business since Hong Kong's position makes it an ideal centre for supplying goods to the Far East and South Pacific.

Singapore, a rapidly developing State under the dynamic personality of Lee

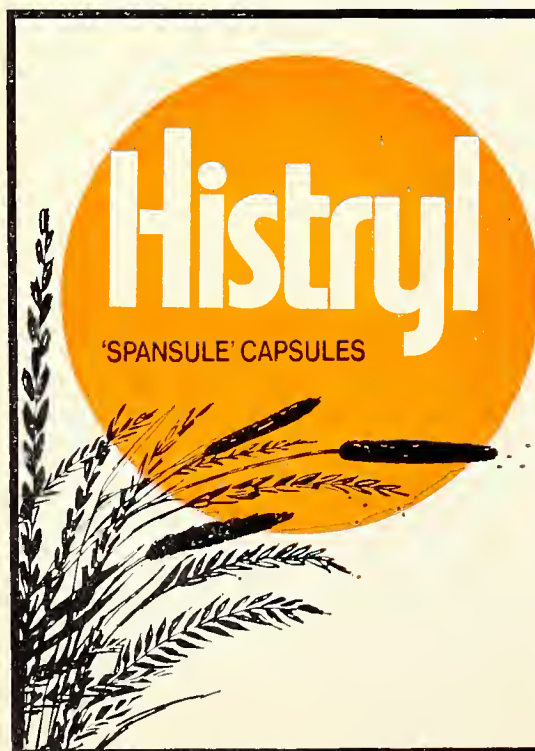
Kuan Yew, has a mixed economy of private and government investment. With three ethnic groups, Chinese 1,607,000, Malays 317,000, Indians 148,000 (others 39,000), there is a determination to make one nation of Singaporeans.

With the Chinese predominant and able to preserve their traditional customs and practices, the picture is much the same as in Hong Kong. There are 1,500 Chinese herbalists and only 45 pharmacies so the bulk of dispensing is in Chinese hands, done either by doctor or herbalist. Again the treatments are mainly herbs, roots and barks—not the sophisticated medicine of the West. A poison licence is necessary to open a pharmacy and is only given to pharmacies with adequate facilities and storage. Of 250 pharmacists, 51 are in general practice, 45 in hospital or government dispensaries, 25 in industry, 75 in wholesale and 11 tutorial. The female ratio is about 30 per cent.

Singapore has 11 hospitals, both State and private, with a pharmacy department catering for about 9,000 beds. One hospital with 5 pharmacists and 25 technicians dispenses 3,000 prescriptions a day. Patients have to pay from £1 to £15 per day for hospitalisation.

A Medicine Act has been passed which will entail much tightening up on imported drugs and medicines as regards quality, safety, and efficacy. There is a growing pharmaceutical industry, many British firms having opened depots or factories to cater for expanding markets in South-east Asia and South Pacific countries. One firm cleared its costs in three years.

Singapore University has a department of pharmacy which is creating a fine reputation. It awards a BPharm degree with an emphasis on clinical pharmacology which is considered the prerogative of the pharmacist. Collaboration is maintained with the government and industry in an advisory capacity. The intention is to make the pharmacy department recognised as an authority on matters pharmaceutical, and it will be moving shortly to a new campus. One other aspect is the interest taken in health education through the pharmacist, and part of the work at the school is taken up with promoting this view.



Hay fever protection that chemists don't sneeze at

Every pocket-pack of 'Histryl' offers your customers rapid relief and sustained protection from hay fever symptoms.

The 'Histryl' seasonal offer:

- * **Low Outlay** Only £4.00 per outer of 12 charged as 10 (excluding VAT)
- * **High Profit** Retail price of 65p (including VAT) per pocket-pack means a profit of £3.17½ per outer.

Available from your usual wholesaler.

'Histryl' and 'Spansule' are trademarks

SK&F Smith Kline & French Laboratories Limited,
Welwyn Garden City, Hertfordshire AL7 1EY.

Institute of Pharmacy Management International conference

Grouping together 'could save independents'

Independent pharmacists worried about future prospects have had their fears reinforced by a study carried out at Bradford University pharmacy practice research unit.

Presenting the study's findings to the Institute of Pharmacy Management International conference last week, Dr T. G. Booth said, "The outlook for a good proportion of independents must be fairly bleak". Despite their decreasing number, independents have shown almost no growth in volume of OTC business during the past 10 years and gross margins have declined. Dr Booth believes one solution would be for pharmacies to group together in some way, which would have the added advantage of reducing the work load and stress on the individuals concerned and would provide "safety in numbers". Another solution could lie in "collaring the wholesale margin" on OTC goods possibly by imitating vertically integrated multiples.

Co-authors of the paper, "Financial trends in general practice pharmacy for the decade 1966-76", were Dr I. F. Jones, also of Bradford University, and Mr B. M. Backhouse, a former pharmacy owner who now teaches maths at a comprehensive school. The study analysed national trends compared with those in "pharmacy X" which were described at the Institute's conference ten years ago.

Pharmacies 'expensive'

Gross margins for multiples had increased, Dr Booth said, but had declined for independents, yet the April *Which?* report had found the latter were the most expensive place to buy toiletries.

"How can you increase your margins if you are trying to compete in a consumer conscious market—which wants price value for money—when this sort of report is made by an independent body?" Dr Booth wondered.

Figures for chemists and photographic dealers in 1971 showed that independents had a stockturn of 5.8 (6 for those in voluntary groups) and multiples 6.7 (in 1961 these figures were 5.1 for independents and 5.9 for multiples). Gross margins for independents in voluntary groups were 8.2 per cent and for those not in voluntary groups 27.1 per cent, but for multiples gross margins were 41.9 per cent (in 1961, margins for independents were 28 per cent and for multiples 31.6 per cent).

Further statistics showed that multiples and independents both paid out a similar percentage of their turnover in wages and salaries but multiples were then left with a higher proportion of their gross profit to cover other expenses and increase investment in stock.

In 1966, total wages of independents employing a pharmacist were 14.2 per cent of turnover and gross profit was 28.5 per cent; for multiples these figures were 15.2

per cent and 33 per cent respectively. In 1971, however, total wages for independents were 11.8 per cent of turnover and gross profit 27.2 per cent giving some 15 per cent surplus; multiples paid 12.7 per cent of turnover in wages and had a gross profit of 41.9 per cent, leaving a surplus of about 28 per cent. Gross margins on NHS prescriptions had fallen from 29.2 per cent in 1966 to (provisionally) 23.9 per cent in 1976.

Dr Booth put forward as his "final damper" on a bleak situation the fact that the basic practice allowance had been eaten up by increasing inflation and the only way to pay for it would be a reduced oncost.

Earlier in the conference, Mr A. R. Ritchie, managing director, Macarthy's Pharmaceuticals Ltd, had warned about the dangers of abolishing rpm on "ethicals" (last week, p557). Dr Booth felt that if rpm went, there would be yet another split in pharmacy, with animosity between wholesaler and retailer. On the subject of low-cost distribution schemes, Dr Booth said it was difficult to know whether they had done no good at all or whether they had prevented an even worse decline. "From our figures, the independents might justifiably ask, 'Precisely what good have these schemes done us—have we been conned?'" Dr Booth said.

Describing the situation in Northern Ireland, Mr. T. G. Eakin, Belfast, said that, by aggressive selling, pharmacists were managing to survive in the face of tremendous odds. Not only did they have to cope with raging inflation, health centre problems, etc, but also with the bombs and with the barriers put up by the security forces which effectively prevented passing trade. Mr Eakin mentioned one

pharmacist who had lost a third of his dispensing when a security barrier was erected at the end of the street; by aggressive selling he managed to re-establish the counter trade but the NHS side had not recovered.

"We have deluded ourselves for years by considering that the NHS and retail sides are interrelated in that scripts bring in counter business", he said. He recommended pharmacists to calculate their basic costs for the year ahead so that when the break even turnover was reached they could compete aggressively and recapture traditional markets.

During the discussion, Mr Stephen Davison, Mansfield, said he found that OTC business brought in prescriptions and not *vice versa*. When his company opened a town centre pharmacy he did not expect many prescriptions and was surprised when the estimates were exceeded four times. He felt gross margins were not all-important; his experience was that increasing turnover increased net profit. Mr A. L. Solomons, Sussex, believed gross profit margins on dispensing were inadequate in businesses with more than 50 per cent turnover from dispensing which were trying to be cost-competitive in other areas.

Mr Eric Jensen, chairman, felt that a 20 to 25 per cent return on capital invested would be more realistic for a risk enterprise than the present return of 16 per cent, particularly if factors such as goodwill were taken into account when determining the value of a business. Dr Booth said the Department of Health regarded dispensing as a non-risk enterprise for which 16 per cent was adequate. He and Mrs Enid Lucas-Smith, Slough, agreed that to get increased remuneration pharmacists would have to convince the Department they had a role to play in addition to dispensing.

Rpm warning

Mr Ritchie's warning about the imminent breakdown on rpm on "ethicals" came during a paper he presented on the economic prospects for pharmacy in wholesaling. These prospects were good at the moment because rpm on prescription lines

Continued on p611

Professor D. A. Norton (IPMI president) welcomes members to the conference. Back row (left to right), from Ghana: Mr J. Odametey, Mr E. A. Y. Nortey, Mr J. Darko and Mr V. K. Aidoo (chairman, Ghana branch, and the first African to be designated a fellow of the Institute). Front row: Professor Norton, Mr Nat Oso (chairman, Nigerian branch), Mr Eric Jensen (chairman, IPMI), and Professor R. S. Summers (University of the North, South Africa). Photograph by courtesy of the Scarborough Evening News



FISONS LIMITED PHARMACEUTICAL DIVISION

DERBY ROAD, LOUGHBOROUGH, LEICS.

As from 1 May 1977 our Price List for Wholesale and Retail Chemists will be shown. This list supersedes all previous Price Lists.
(N.B. The changes incorporated in this Price List only cover Order Quantities, Discount Terms and some Minimum Buying Units.)

PRODUCT		Prod. Code No.	Rec'd/ Fixed Retail Price each incl. VAT	MBU Doz.	Points Value per MBU	Rec'd/ Fixed Trade Price per doz. ex VAT	VAT Rate %	Points Rate per dozen ex VAT relevant to total points value of the non-ethical part of the order	Points Total 1-400	Points Total 401- 1000	Points Total 1001+
PROPRIETARY PRODUCTS					£		£	£	£		
BENGERS FOOD											
Size 0	8oz	1650	0.43	6/12	8	4.13	Zero	3.82	3.72	3.61	
Size 1	16oz	1660	0.75	3/12	7	7.24	Zero	6.70	6.52	6.34	
Size 2	2lb	1680	1.19	1/12	4	11.47	Zero	10.61	10.32	10.04	
*BILE BEANS											
Medium		1320	0.20	1	7	1.73	8%	1.60	1.56	1.51	
Family		1330	0.45	6/12	7	3.67	8%	3.39	3.30	3.21	
*P1 COJENE TABLETS											
35's		2240	0.44	1	14	3.60	8%	3.33	3.24	3.15	
*CYSTOPURIN TABLETS											
40's		2320	0.32	1	11	2.83	8%	2.62	2.55	2.48	
80's		2330	0.56	3/12	4	4.38	8%	4.05	3.94	3.83	
*GENASPRIN											
28's		2410	0.15	6/12	2	1.03	8%	0.95	0.93	0.90	
50's		2420	0.25	6/12	4	1.81	8%	1.67	1.63	1.58	
100's		2430	0.44	3/12	3	3.27	8%	3.02	2.94	2.86	
*MEDAC CREAM											
7870			0.34	6/12	5	2.45	8%	2.27	2.21	2.14	
*SANATOGEN NERVE TONIC – ORIGINAL											
Junior	4oz	1110	0.72	6/12	12	6.06	8%	5.61	5.45	5.30	
Standard	8oz	1120	1.31½	3/12	11	11.38	8%	10.53	10.24	9.96	
Economy	16oz	1130	2.26	1/12	7	20.02	8%	18.52	18.02	17.52	
Family	2lb	1140	4.05	1/12	12	35.30	8%	32.65	31.77	30.89	
SANATOGEN NERVE TONIC – LEMON FLAVOUR											
Junior	4oz	0410	0.72	6/12	12	6.06	8%	5.61	5.45	5.30	
Standard	8oz	0420	1.31½	3/12	11	11.38	8%	10.53	10.24	9.96	
Economy	16oz	0430	2.26	1/12	7	20.02	8%	18.52	18.02	17.52	
Family	2lb	0440	4.05	1/12	12	35.30	8%	32.65	31.77	30.89	
*SANATOGEN MULTIVITAMINS											
30's		1220	0.71	1	22	5.45	8%	5.04	4.91	4.77	
60's		1230	1.29	6/12	19	9.64	8%	8.92	8.68	8.44	
120's		1260	2.08	1/12	5	15.51	8%	14.35	13.96	13.57	
*SANATOGEN MULTIVITAMINS+IRON											
30's		1910	0.71	1	22	5.45	8%	5.04	4.91	4.77	
60's		1930	1.29	6/12	19	9.64	8%	8.92	8.68	8.44	
120's		1980	2.08	1/12	5	15.51	8%	14.35	13.96	13.57	
*SANATOGEN JUNIOR VITAMINS											
30's		2010	0.46	1	13	3.29	8%	3.04	2.96	2.88	
100's		2030	1.03	3/12	8	7.61	8%	7.04	6.85	6.66	
SANATOGEN VITAMIN C											
30's		1240	0.37	1	11	2.66	8%	2.46	2.39	2.33	
100's		1280	0.96	6/12	14	7.06	8%	6.53	6.35	6.18	
*ZAM-BUK											
Medium	28g	1520	0.20	1	6	1.58	8%	1.45	1.42	0.38	

PRODUCT		Prod. Code No.	Rec'd/ Fixed Retail Price each incl. VAT	MBU Doz.	Points Value per MBU	Rec'd/ Fixed Trade Price per doz. ex VAT	Retailers disc price per doz. ex VAT	W/salers disc price per doz. ex VAT	VAT Rate %
ETHICAL PRODUCTS									
*ACNIL	25g	3230	0.36½	3/12	3	2.69	2.49	2.35	8%
*ALUPHOS GEL	150ml	3140	0.31½	3/12	2	2.34	2.16	2.05	8%
	2 litre	3160	DP	1/12	8	23.40	21.65	20.48	8%
*ALUPHOS TABLETS 50's (5 rolls of 10)		3130	0.35½	3/12	3	2.63	2.43	2.30	8%
*P.1 AURALGICIN		0120	DP	3/12	4	3.62	3.35	3.17	8%
*T.S.R. BARQUINOL H.C.	15g	4980	0.64	3/12	5	4.73	4.38	4.14	8%
*CARDOPHYLIN TABLETS	0.1g 100's	2730	0.34½	3/12	3	2.55	2.36	2.23	8%
*CARDOPHYLIN SUPPOSITORIES	0.36g 10's	3010	0.57	3/12	4	4.21	3.89	3.68	8%
	0.36g 50's	3020	DP	1/12	7	20.53	18.99	17.96	8%
*DEXTRAVEN 110 (DEXTRAN 110 INJECTION B.P.)									
6% Dextran 110 in 0.9% saline	500ml	3050	2.81	1	83	20.83	19.27	18.23	8%
6% Dextran 110 in 5% Dextrose	500ml	3060	2.81	1	83	20.83	19.27	18.23	8%
*DEXTRAVEN 150									
6% Dextran 150 in 0.9% Saline	500ml	3070	2.81	1	83	20.83	19.27	18.23	8%
6% Dextran 150 in 5% Dextrose	500ml	3080	2.81	1	83	20.83	19.27	18.23	8%
*P.1 S4B DIMYRIL Cough Linctus	150ml	6770	0.83	6/12	12	6.14	5.68	5.37	8%
	Capsules 20's	6710	0.56½	6/12	8	4.17	3.86	3.65	8%

* Products marked thus are subject to Fixed Retail and Trade Prices.

Continued on page 609

FISONS LIMITED PHARMACEUTICAL DIVISION

As from 1 May 1977 our Price List for Wholesale and Retail Chemists will be as shown. This list supersedes all previous Price Lists.

ETHICAL PRODUCTS *Continued from page 608*

			£			£	£	£	
*T.S.R. ENTERFRAM	150ml	5620	3.17½	1/12	8	23.52	21.76	20.58	8%
*T.S.R. FICOID 2 OINTMENT	30g	8300	0.94	2/12	5	6.97	6.45	6.10	8%
	300g	8310	7.00	1/12	17	51.84	47.95	45.36	8%
*T.S.R. FICOID 2 CREAM	30g	8340	0.94	2/12	5	6.97	6.45	6.10	8%
	300g	8350	7.00	1/12	17	51.84	47.95	45.36	8%
*T.S.R. FICOID 2 PLUS OINTMENT	30g	8360	0.98½	2/12	5	7.29	6.74	6.38	8%
	300g	8370	7.32½	1/12	18	54.27	50.20	47.49	8%
*T.S.R. FICOID 2 PLUS CREAM	30g	8380	0.98½	2/12	5	7.29	6.74	6.38	8%
	300g	8390	7.32½	1/12	18	54.27	50.20	47.49	8%
*T.S.R. FICOID 5 OINTMENT	10g	8400	0.57	2/12	3	4.21	3.89	3.68	8%
	30g	8410	1.51	2/12	7	11.18	10.34	9.78	8%
	300g	8420	10.39	1/12	26	76.95	71.18	67.33	8%
*T.S.R. FICOID 5 CREAM	10g	8430	0.57	2/12	3	4.21	3.89	3.68	8%
	30g	8440	1.51	2/12	7	11.18	10.34	9.78	8%
	300g	8450	10.39	1/12	26	76.95	71.18	67.33	8%
*T.S.R. FICOID 5 PLUS OINTMENT	10g	8460	0.61½	2/12	3	4.54	4.20	3.97	8%
	30g	8470	1.53	2/12	8	11.34	10.49	9.92	8%
	300g	8480	10.82½	1/12	27	80.19	74.18	70.70	8%
*T.S.R. FICOID 5 LOTION	20ml	8490	1.13½	2/12	6	8.42	7.79	7.37	8%
*T.S.R. FRAMYCORT OINTMENT	15g	5910	2.07½	1/12	5	15.36	14.21	13.44	8%
*T.S.R. FRAMYCORT EYE/EAR DROPS	5ml	5710	1.20½	3/12	9	8.91	8.24	7.80	8%
*T.S.R. FRAMYCORT EYE OINTMENT	3.5g	6010	0.68	3/12	5	5.05	4.67	4.42	8%
*T.S.R. FRAMYGEN CREAM	15g	6560	0.92½	3/12	7	6.84	6.33	5.99	8%
*T.S.R. FRAMYGEN EYE/EAR DROPS	5ml	6450	0.86½	3/12	6	6.41	5.93	5.61	8%
*T.S.R. FRAMYGEN EYE OINTMENT	3.5g	6410	0.38½	3/12	3	2.86	2.65	2.50	8%
*T.S.R. FRAMYGEN STERILE POWDER	500mg	6510	3.92½	1/12	10	29.09	26.91	25.45	8%
*T.S.R. FRAMYSpray AEROSOL	110g	5950	8.39	1/12	21	62.13	57.47	54.36	8%
GENISOL	58ml	3310	0.44½	3/12	3	3.28	3.03	2.87	8%
	250ml	3340	1.53½	3/12	11	11.37	10.52	9.95	8%
	600ml	3360	3.26½	1/12	8	24.17	22.36	21.15	8%
*T.S.R. HYALASE AMPOULES	5's	0910	2.65½	1/12	7	19.66	18.19	17.20	8%
	20's	0920	9.10	1/12	22	67.39	62.34	58.97	8%
	100's	0940	DP	1/12	78	234.18	216.62	204.91	8%
*IMFERON AMPOULES, 5ml	5's	2910	4.80	1/12	12	35.55	32.88	31.11	8%
	50's	2920	38.38	1/12	95	284.31	262.99	248.77	8%
*IMFERON AMPOULES, 2ml	10's	2810	4.80	1/12	12	35.55	32.88	31.11	8%
	100's	2820	38.38	1/12	95	284.31	262.99	248.77	8%
*IMFERON TDI AMPOULES, 20ml	5's	2930	15.99	1/12	39	118.46	109.58	103.65	8%
*IMFERON D 5 x 5ml Syringes		2870	6.66½	1/12	16	49.36	45.66	43.19	8%
	10 x 2ml "	2960	7.14½	1/12	18	52.92	48.95	46.31	8%
*P.1 S62 INTAL COMPOUND CAPS	50's	9630	6.20	6/12	80	45.94	42.49	40.20	8%
*S62 INTAL CAPSULES	30's	2170	4.75	1/12	10	35.20	32.56	30.80	8%
	50's	9600	6.20	6/12	80	45.94	42.49	40.20	8%
INTAL SPINHALER		9610	1.05½	1/12	3	7.80	7.22	6.83	8%
*S62 INTAL NEBULIZER SOLUTION	48 x 2ml	2500	10.10	1/12	22	74.80	69.19	65.45	8%
*LOMODEX 40 (DEXTRAN 40 INJECTION BP)									
10% w/v Dextran 40 in 0.9% Saline	500ml	7000	5.23	1	155	38.75	35.84	33.91	8%
10% w/v Dextran 40 in 5% Dextrose	500ml	7010	5.23	1	155	38.75	35.84	33.91	8%
*LOMODEX 70									
6% Dextran 70 in 0.9% Saline	500ml	7070	2.81	1	83	20.83	18.23	19.27	8%
6% Dextran 70 in 5% Dextrose	500ml	7080	2.81	1	83	20.83	18.23	19.27	8%
THE LOMULIZER									
Complete with Plastic Carrying Pouch		4540	0.47½	1/12	1	3.51	3.07	3.25	8%
*LOMUSOL		2700	7.81	1/12	17	57.88	53.54	50.65	8%
*LOMUSOL REFILL PACK (2 x 9.5ml bottles)		2710	6.92	1/12	15	51.26	47.42	44.85	8%
*T.S.R. NEOTULLE									
10 Squares of Gauze		6140	0.71	3/12	5	5.27	4.61	4.87	8%
*P.1 NOMAZE 20g AEROSOL									
Complete with Nasal Applicator		0510	1.18½	1/12	3	8.78	7.68	8.12	8%
*S62 OPTICROM	10ml	2110	6.37	1/12	14	47.20	43.66	41.30	8%
*P.1 PARACODOL TABLETS	10's	5310	0.33	2	17	2.17	1.90	2.01	8%
	100's	5320	DP	1/12	7	19.60	17.15	18.13	8%
*P.1 S4B PRENOMISER PLUS AEROSOL	20g	0310	2.01½	1/12	5	14.92	13.06	13.80	8%
*P.1 PSOROX OINTMENT	25g	3740	0.37½	1/12	1	2.79	2.44	2.58	8%
	50g	3750	0.54½	1/12	1	4.05	3.54	3.75	8%
*P.1 PSOROX LOTION	200ml	3780	1.05½	1/12	3	7.82	6.84	7.23	8%
*RYNACROM CAPSULES, 10mg	100's	2570	7.04	1/12	15	52.16	48.25	45.64	8%
RYNACROM INSUFFLATOR		2540	1.38	1/12	3	10.20	8.93	9.44	8%
*RYNACROM NASAL SPRAY	17½ml	2600	6.71	1/12	14	49.68	45.95	43.47	8%
*RYNACROM NASAL DROPS	15ml	2510	6.44	1/12	14	47.69	44.11	41.73	8%

* Products marked thus are subject to Fixed Retail and Trade Prices.

ORDER QUANTITIES

Goods will be supplied only in the Minimum Buying Units (or Multiples) stated in this Price List. Orders received for quantities other than these will be adjusted accordingly. Orders amounting to less than 200 points value (total ethical and non-ethical products) will not be accepted.

PARCEL DISCOUNT

Discounted prices are shown in the Price List. Discount on non-ethical products varies with the total points value of the non-ethical products in the order and the Price List includes a table of discounted prices. Points values are shown for each Minimum Buying Unit of all products and these are used to calculate the minimum order level (see - Order Quantities - above) and the discount for non-ethical products.

SETTLEMENT DISCOUNT

A settlement discount of 2.5% for retailers and 2.8% for wholesalers will be allowed provided payment is received by the Seller at Loughborough by the 20th of the month following that in which the goods are invoiced and provided that no other payments are overdue. For the purpose of this condition, overdue shall mean that payment has not been received by the Seller at Loughborough by the 20th of the month second following that in which the goods are invoiced. Settlement discount applies in addition to the Parcel Discounts (see - Parcel Discounts - above).

(Extracts from Conditions of Sale - full details of Conditions of Sale available on request.)

Nicholas Laboratories Limited

PRICE REVISIONS

The following prices are effective as and from 2nd May 1977

PRODUCT/SIZE	Retail Selling Price (incl. VAT)	Standard Wholesale Price per case	Terms 4 Price (Best Terms) per case
ASPRO REGULAR..... 8's	11p	£2.59	£2.26½
24's	28p	£4.84	£4.23½
60's	56p	£4.84	£4.23½
120's	87p	£3.77½	£3.30½
ASPRO CLEAR..... 16's	27p	£2.25	£1.91
RENNIE..... 12's	12p	£3.00½	£2.63
25's	21p	£3.43½	£3.00½
50's	35p	£2.86½	£2.50½
100's	52p	£4.32½	£3.78½
RADOX Medium	32p	£2.65½	£2.32½
(all 3 fragrances) Large	47p	£1.94½	£1.70
LIQUID RADOX..... 280 cc	49p	£4.13	£3.51
(all 3 fragrances)..... 500 cc	79p	£6.66½	£5.66½
RADOX SHOWER FRESH* (2 fragrances)	85p	£7.08	£6.02
MATEY.....	49p	£4.11	£3.49½
TRUGEL..... Standard	39p	£2.88½	£2.45
Economy	57p	£4.45	£3.78
SAVETT..... Freshen-Up	38p	£3.16½	£2.69
Toilet	38p	£3.16½	£2.69
Intimate	38p	£3.16½	£2.69
ACCOLADE..... 2 Dozen	91p	£15.36	£13.05½
½ Dozen	91p	£3.84½	£3.27
INTER-DENS GUM MASSAGE STICKS	45p	£3.33½	£2.83½
INTER-DENS TOOTHBRUSHES	46p	£3.41	£2.90
FEMINAX.....	63p	£8.16	£6.93½
KWELLS*.....	34p	£2.81½	£2.46½
CONFECTIONERY			
WHISTLING POPS*..... 48's	7p each	—	£2.10

Nicholas

Nicholas Laboratories Limited, P.O. Box 17. Slough
SL1 4AU. Telephone: Slough 23971

*No change in
price structure.

IPMI conference

Dangers of rpm breakdown

Continued from p607

enabled wholesalers to make good margins on items which continued to rise in price; as these prices rose the wholesaler built in stock profits on his holdings at the time of the increase. Wholesaling was labour-intensive so, "in a masochistic sort of way", any situation in which wages were Government controlled was good for wholesale economics.

But then Mr Ritchie turned to the bad news. Pharmacists, whose gross margins on dispensing had fallen by at least 2 per cent in the past year, now had good commercial reasons to look for discounts—and wholesalers had good commercial reasons to offer them. If wholesalers significantly lost business as a result, retaliation in the form of bigger and better discounting would be inevitable. "It is a very short step from there to the total breakdown of rpm on 'ethicals', and I believe that we are quite close to that situation today", he said.

The Department would then remunerate pharmacists on the basis of the lowest price available and they would have to fight for the best cut prices just to keep viable. Wholesalers would no longer be able to offer beneficial terms on OTC goods and the low-cost distribution schemes—which are unprofitable to the wholesaler—would cease.

When questioned during the discussion, Mr Ritchie explained that the National Association of Pharmaceutical Distributors was unable to bring erring members into line—only the manufacturers could enforce prices. Mr A. G. Shaw, deputy director, Association of the British Pharmaceutical Industry, said the industry was much in favour of rpm and frequently sought injunctions against cut price retailers. But he and Mr T. D. Spink, assistant secretary, Wellcome Foundation Ltd, explained how difficult it was to produce evidence of price-cutting on 'ethicals'. The answer was in the retail pharmacists' hands, said Mr Shaw. "There's got to be a seller and there has to be a buyer—with no buyer there would have been no price cutting."

In reply to a question from Mr G. B. Green, Brighton, Mr Ritchie said that if rpm broke down, wholesalers would probably seek payments from pharmacists 10 to 14 days after the end of the month.

An international view

A review of pharmacy in both the technologically advanced and the developing countries led Professor R. S. Summers, University of the North, South Africa, to suggest that pharmacists would never be included in all the professional aspects of health care unless they fully accepted their professional responsibilities (see also last week, p557). They had already been left

out of schemes such as the current study of prescribing efficiency, and these omissions cast "very serious reflections on our professional competence and image".

Pharmacy's main problems—disunity among its members, outdated remuneration systems, lack of professional discretion, and the unprofessional appearance of community pharmacies—were largely to blame and the sooner they were resolved the better, he felt.

Disunity was caused mainly by control of pharmacy not being in the hands of pharmacists. Public shareholding, particularly in community pharmacy, was divisive. "It is compounded by the vehemence and selfishness with which the companies concerned promote their own interests at the expense of the whole", said Professor Summers. In South Africa, shareholders in limited liability companies engaging in retail pharmacy had to be pharmacists.

Remuneration systems were outdated because the pharmacist's professional function could not be seen clearly and he was paid on a time basis, not for his knowledge. Involvement in prescription renewals, medication for chronic conditions, product selection and drug monitoring could lead to improved recognition for his skills. The South African Pharmacy Board was phasing out various non-pharmaceutical lines from pharmacies to enhance their professional image.

Second revolution coming

Professor Summers foresaw a second revolution in pharmacy—one with such profound effects on health care and medical services as the earlier "drug revolution". Professor Mickey Smith, University of Mississippi, had predicted that by the 1990s most dispensing would be done by machine, pharmacists would be occupied totally with drug selection and information, drugs would be distributed mainly through clinics in central medical facilities and over 90 per cent of pharmacists would be employees. The preregistration year would be undertaken in hospitals, which Professor Summers felt was the only way to equip pharmacists with the necessary clinical background.

Turning to the developing countries, Professor Summers explained that manpower deficiencies often meant professions had to practise extended roles. Here the pharmacist's involvement in primary care became more important than it was in the more advanced countries. In Arizona, for example, there was a shortage of doctors who only visited the outlying clinics once a week; the rest of the time

specially trained pharmacist-practitioners looked after the patients, referring them to the doctor only where necessary.

The suggestion that preregistration in hospital gave the best clinical background provoked some comment during the discussion. Professor Norton, Bath, felt the health service would not want to spend its resources on training in hospitals a large number of pharmacists who would end up in private practice. The pharmacy course would be more clinically orientated if the schools had the same clinical relationships with the teaching hospitals as did the medical schools.

To Mr F. H. Oliver, head of the School of Pharmacy, Sunderland Polytechnic, all pharmacy was "clinical" and he felt general practice was very underrated in this respect. Mr Stanley Durham, Sheffield, pointed out that general practice pharmacists got to know their patients much better than hospital pharmacists did.

Professor Summers replied that he was not suggesting preregistration training in general practice was unsuitable but that only by sharing the same clinical background with doctors could the ideal experience be gained.

Value for money in education?

Does pharmaceutical education give value for money? was a question considered by Professor D. A. Norton, School of Pharmacy and Pharmacology, University of Bath, and Mr F. H. Oliver, head of the School of Pharmacy, Sunderland Polytechnic. Both agreed that it did.

Mr Oliver said: "If you want a graduate with a good understanding of basic pharmaceutical services and the knowledge to face the problems of the last quarter of this century and the first quarter of the next the answer is yes. Indeed you are getting it on the cheap at a cost to both the overworked staff and students of the schools of pharmacy." Pharmacy students were among the most intensely taught in the colleges.

Professor Norton pointed out that British university education was still among the cheapest and best in the world and in professional circles British pharmacy graduates were highly regarded everywhere.

Both speakers were concerned about the spending cuts imposed on higher education. Professor Norton said universities were being forced to save on salaries; as staff retired or transferred they were not being replaced, a trend which would lead to a decline in academic standards. Mr

Concluded on p612



The speakers answer questions from the audience. Left to right: Dr T. G. Booth, Professor R. S. Summers, Mr E. Jensen, Mr T. D. Clarke, Mr B. M. Backhouse

IPMI conference

Value in education

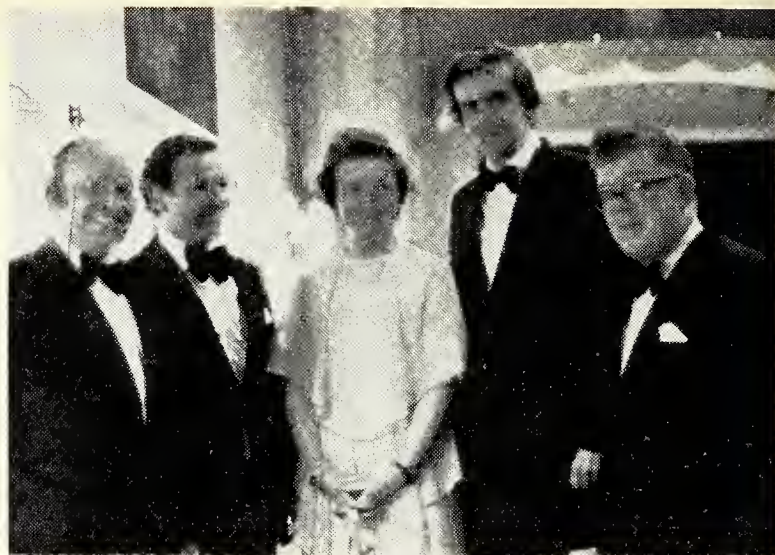
Continued from p611

Oliver added that there was constant pressure to reduce the direct teaching students received. Laboratory work was usually the first to suffer because it was the most expensive in staff time, accommodation and materials. He believed the pharmacy course would have to be extended eventually to four years so as to spread the work load and give students more time in which to read. It would also reduce the number of pharmacists registering.

Mr Oliver calculated that it cost at least £3,060 a year to train a pharmacy student, ie some £10,000 for a three year course. The audience estimated a further £2,500 to probably over £3,000 for the preregistration year.

During the discussion Mr G. B. Green, Brighton, suggested more use should be made of the vacations, particularly in the summer, when costs of heating etc were lower. Professor Norton, wishing to dispel the idea that universities "closed down" in the summer, said the accommodation was "sold" to the Open University for residential courses during this time; the staff were also able to do research and

Members from Ireland and Northern Ireland. Left to right: Mr F. Power, co Cork, Mr T. G. Eakin, member PSNI Council, and Mrs P. Eakin, Belfast, Mr A. O'Shea, president, Irish Pharmaceutical Union, Mr G. J. O'Neill, Dublin



spend more time with their research students. Mr Oliver felt more use could be made of the buildings for weekend courses.

Reviewing the prospects for industry Mr A. G. Shaw, ABPI's deputy director, said the drug companies would continue to flourish if given reasonable opportunity to get on with their work without harmful Government interference (see p588).

According to Mr Shaw, the industry favours a scheme involving pharmacists in the monitoring of new drugs. Patients taking a particular drug would be registered using a computer and if an unexpected side effect appeared, all patients receiving the same drug could be checked for the same effect.

Mr T. D. Clarke, regional pharmaceutical officer, Yorkshire Regional Health

Authority, describing the hospital scene, said results of discussions between the Department and industry as to how much manufacturing should be done in hospitals were due for publication. Keeping hospital manufacture up to the required standards was expensive and Mr Clarke questioned whether health care money should be spent on say, manufacture of standard eye drops, if industry could do the job. He saw hospital manufacture as the "beginning and end", with hospitals carrying out the development programme on a product to the point where it became an industrial possibility or died a natural death. Industry might later decide the product was no longer a viable proposition leaving further manufacture to the hospitals.

□ The Institute's next annual conference is to be in Accra, Ghana, in April 1978.

Beecham wish bon voyage to these winners of the Beecham Toiletries 'Breakaway' competition who are spending a luxurious week in Tenerife.

Mr. & Mrs. R. M. Aucott,
Hyde, Cheshire.

Mr. & Mrs. S. Barclay,
Irvine, Ayrshire.

Mr. & Mrs. J. W. Billington,
Newcastle-under-Lyme, Staffs.

Mr. & Mrs. J. E. Blake,
Selsey, West Sussex.

Messrs. G. P. Burrows &
J. Smith,
Melton Mowbray, Leics.

Mr. & Mrs. A. H. Catliff,
Bridgewater, Somerset.

Mr. & Mrs. T. Clarke,
Stevenage, Herts.

Mr. & Mrs. W. D. Coombes,
Pickmere, Cheshire.

Mr. & Mrs. B. J. Couzens,
Eastbourne, Sussex.

Mr. & Mrs. E. Currill,
Cowley, Oxfordshire.

Mr. & Mrs. M. Davies,
Weston-Super-Mare, Avon.

Mrs. G. Epstein &
Mrs. D. W. Levitt,
Warley, West Midlands.

Mr. & Mrs. R. J. Francis,
Reading, Berks.

Mr. & Mrs. N. J. Garbutt,
St. Austell, Cornwall.

Mr. & Mrs. C. Greig,
Aberdeen.

Miss J. Groves &
Mr. L. A. Knapp,
Dagenham, Essex.

Mr. & Mrs. A. J. Hall,
Stockton, Cleveland.

Mr. & Mrs. D. W. Hall,
Guisborough, Yorks.

Mr. & Mrs. H. M. Hamilton,
Belfast.

Mr. & Mrs. W. F. Hellard,
Ashford, Kent.

Mr. & Mrs. R. Howell,
Sutton, Surrey.

Miss P. Hyde &
Mr. J. W. Shenton,
Kingston-on-Hull,
North Humberside.

Mr. & Mrs. B. E. Kirsh,
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Tarporey, Cheshire.

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Sheffield, Yorks.

Mr. & Mrs. C. Radford,
Leicester.

Mr. & Mrs. G. Siddall,
Crewkerne, Somerset.

Mr. & Mrs. C. Smith,
West Bromwich,
West Midlands.

Mr. & Mrs. K. L. Smith,
Warley, Worcs.

Mr. D. Shephard &
Mr. A. C. Spenser,
Chesterfield, Derbyshire.

Mr. & Mrs. J. Symes,
Yeovil, Somerset.

Mr. & Mrs. K. Trower,
Worcester.

Mr. & Mrs. B. Turner,
Debenham, Suffolk.

Mr. & Mrs. K. Watkins,
Abergavenney, Gwent.

Mr. & Mrs. S. J. Whitehead,
Ilkeston, Derbyshire.

Mr. & Mrs. B. Willis,
Worcester.

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Irish Pharmaceutical Union annual meeting

Pharmacy 'must be equipped to lead in health education'

Pharmacy must lead the way in health education and must not allow the Government to hinder it, believes Mr George Ledwith, secretary general, Irish Pharmaceutical Union.

Speaking at the annual meeting in Kilkenny, on Sunday, he said "the mantle of leadership had transferred from other shoulders to the profession of pharmacy represented by graduates emerging from universities". The new generation had to be fully equipped to grasp its new responsibilities.

Pharmacists should not allow the "dead hand of bureaucracy" to diminish the quality of service expected by the public. Mr Ledwith believed that the profession would have to undertake the education of the public in all health matters. The public would be educated not to expect too much from drugs and medicines and in this area, the pharmacist was best qualified to provide that education. All the medical professions had a deep awareness of the human element which played such a major part in effective health care, yet the major department of state charged with the responsibility for the good health of the nation was so seriously lacking in that element, he said.

The Minister for Health and officials were more concerned with economics and administration than with a first class health service. The medical professions, conscious of their own responsibilities could not and would not allow petty officialdom to impose an inferior health service on the people of Ireland. High standards were maintained despite the worst efforts of politicians and bureaucrats nominally responsible for the health of the nation, Mr Ledwith said.

Faceless people'

A tough line had to be developed with "those faceless people" who must be left in no doubt of the extent to which pharmacists were prepared to go to ensure that government actions did not negate their work. The decisions of government had to be challenged if they lacked a proper appreciation of the role and function of the pharmacist. A strong political lobby had to be developed to ensure adequate representation of the profession's views. Pharmacists had to develop a new thinking and promote research in matters of health and health education. The role and function of the community pharmacist and the hospital pharmacist had to be broadened beyond accepted parameters.

Standards of perfection had to be set and adhered to in every aspect of professional involvement. Pharmacy would then have the pleasure of watching others follow in its footsteps and seeing others emulate its example. No diluted standard had ever been recognised in Irish phar-

macy and it was the Union's intention to ensure that the highest standards would always prevail.

Speaking of the new Misuse of Drugs Bill, Mr Ledwith said the State had to ensure the public was made aware of the new legislation and particularly of the restrictions imposed. Pharmacists had always been conscious of the serious gap between legislation and individual entitlements under legislation, and the Government had a responsibility to ensure that every citizen knew his or her entitlement. "If Ministers of State were as diligent in their appointed role as pharmacists are in theirs, then there would surely be less stress in the community and consequently fewer unnecessary calls on doctors and pharmacists", he said.

Pharmacists' service never more in need

Mr Aidan O'Shea, president, Irish Pharmaceutical Union, said the pharmacist's will to serve his public was never more in need than now. The rapid economic and social changes bore most harshly on the weak, the old, the ill, and the underprivileged in society. The compassion offered to those in need of advice or service would go far to undo the despair of unemployment and violence.

On manpower Mr O'Shea said there was a serious imbalance of young graduates outside the main cities which affected the future of many rural pharmacies.

Part of the problem was the unwillingness of many pharmacists to accept new graduates for training in their registration year. It was no credit to the profession that many graduates were unable to find placement in rural areas. A country which did not train new graduates and encourage prospective apprentices would have a crisis in the near future as pharmacies closed. The president called on the regional and county associations to provide for the future of pharmacy in their own respective areas.

The rapidly rising cost of health services had a different impact on each person, Mr O'Shea pointed out. To the politician the impact was growing public expectation of sophisticated hospital and community care. For the drug manufacturer, there was sensitivity to drug promotion costs and international price variations. To the patient without a medical card rising cost meant an expensive prescription during illness when family income was reduced by absence from work. The Limited Eligibility Scheme refunded monthly prescription costs in excess of £8, and had been of immense benefit, particularly to patients on continuous treatment. But Mr O'Shea knew

of patients, whose income just exceeded the limit for eligibility, failing to take essential drugs because of inability to pay.

The pharmaceutical industry had to earn adequate profits for research and development and he welcomed the substantial expansion of the industry in Ireland in recent years, he said. Nevertheless, the State, the community, and especially the pharmacist, who had to face the patient at the time of payment, were entitled to full justification of cost increases imposed by manufacturers based outside the State.

Commenting on the knowledge that hypertension sufferers often default in drug taking, Mr O'Shea said when the tendency was increased by failure to purchase costly drugs, a serious threat to the patient's welfare developed. Hypertension should be included in the Department of Health long term illness scheme, under which the patient received essential drugs free of charge without a means test.

The community pharmacist was responsible for some of the total cost of prescribed drugs, Mr O'Shea believed. Detailed submissions must be made to the Department of Industry and Commerce on fees and profits in the private sector. Each element of the community pharmacist's earnings in the GMS scheme must accord with national wage agreements and price indices. Increases in manufacturers' drug costs, fixed outside the State, should be subject to similar accountability.

Referring to the necessity to warn pregnant women against taking drugs without advice, Mr O'Shea said that the following warning was to be displayed in pharmacies: "Any woman who is pregnant, or who thinks she may be pregnant, should consult the pharmacist before taking any medicine obtained at this pharmacy. Cough mixtures, mild pain relievers, or other apparently harmless drugs should not be taken by an expectant mother during the first four months of pregnancy, without the advice of her doctor or pharmacist".

Drugs in grocers 'ludicrous'

Considering this warning, "it is ludicrous to have a range of drugs and medicines on sale in supermarkets, grocers, and even pubs, and promoted on radio, television and the Press by advertising which leans more on imagination than fact. It is significant that some supermarkets have voluntarily ceased to sell analgesics". The IPU wanted restriction of all medicines to pharmacies and the advertising of medicines to the public to cease. "When will the offending manufacturers begin to listen?", he asked.

Out-of-hours dispensing services were provided to a degree but two barriers stood in the way of the type of service available in many European cities. The first was the understandable reluctance of some pharmacists, who may already work a six day week, to add night and Sunday work to their burden. The second was the critical and begrudging attitude adopted by Payments Board officials to present out-of-hours dispensing claims. But the Union would pursue the matter in the coming months.

Mr O'Shea also called for stricter control of narcotics prescribing. The increasing number of raids on pharmacies to

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IPU annual meeting

Doctors 'add to addiction'

Continued from p613

steal narcotics was clear evidence of growing addiction in Ireland. But a small minority of general-practice doctors were apparently willing to prescribe narcotics without knowledge of or real care for the addicted patient. Legally valid prescriptions for large doses of narcotics were appearing at the pharmacist's bench and the same patient may present a second prescription from another doctor to another pharmacist within a day.

Special clinic facilities, where daily doses could be recorded, were presently available in Dublin, he said. Such clinics in other centres, and a system of regular return of records by doctors and pharmacists of narcotic drugs prescribed and dispensed were a priority. The computerisation of health service records could be extended to ensure surveillance of prescribers, dispensers, and addicted patients. Action at this early stage could avert a disastrous spread of narcotics among young people.

In conclusion, Mr O'Shea said that five years ago the first objective of Irish pharmacy was survival. The time had now come for the ideal of success to be replaced by the ideal of service.

Department changes not satisfactory

The chairman of the Contractors Committee, Mr J. P. Burke, reviewed the period since the last annual meeting. The Department of Health had delegated different areas of responsibility within its structure. The personnel sector of the Department now had responsibility for fees, etc, the Payments Board had apparently been allocated certain policy making powers, while the Pharmaceutical Services Standing Committee composed of representatives of Department Payments Board, Health Boards and Contractors Committee had been established to monitor the scheme's progress. This arrangement was not the most satisfactory and required constant vigilance by the Contractors Committee to ensure arbitrary decisions by the Payments Board did not conflict with contractual conditions originally negotiated with the Department.

The latest National Wage Agreement resulted in the composite fee being 47p from August 1, 1976 and 48.32p from April 1, 1977. The decimalised form of the professional fee should result in a speedier payment of new fee rates and obviate the build up of retrospective elements, Mr Burke said.

The establishment of PSSC had not fulfilled its anticipated promise. The negotiating committee intends to review the progress of PSSC from the contractors'

viewpoint and direct negotiation with the Department may be seen as a more efficient means of representation.

Mr Burke expressed concern at the Payments Board's handling of the new prescription form. The form was more difficult to process for the pharmacist, and the medical bodies and contractors had agreed a new form to be submitted to the Payments Board. He understood that doctor would not handle the forms, but the forms are in use and it may be anticipated the Board will exhaust the present supply to justify their expense. Mr Burke reminded members that they had no further responsibility or obligation in respect of this form than they had with the original.

The negotiating committee was presently preparing a new claim to be lodged with the Department, he said. Despite the statutory clamp-down on such claims it was essential that a new claim be compiled and lodged. In preparing such a claim it was essential that a "data bank" be built up to support the argument, and he appealed to contractors to co-operate with the committee in providing the necessary data when requested.

Losses to pharmacists

Contractors' views on "the advance payment method" in the light of drug price increases were sought, Mr Burke said. The seriousness of failure by drug companies to notify the Payments Board of price increases in the agreed manner could not be overstated, he said. The resultant losses to pharmacists could be considerable and he urged individual contractors to press such companies for compensation where under-payment could be established. He also reminded contractors of their personal responsibility in the labelling of medicines for GMS patients. It was essential in their own interests that the NP arrangement be carried out to make contents identifiable.

Mr Sean McElroy, chairman of Association of Industrial and Wholesale Pharmacists, drew attention to the manufacturing companies which did not employ a pharmacist, while others were replacing pharmacists with people from other disciplines. He said it was essential for the profession as a whole that a proper employment balance be maintained between the various areas of the profession. In an effort to achieve this the AIWP was preparing a guide to the various positions open to a pharmacist in industry. A "Profile of the pharmacist" was also in preparation to help management in the pharmaceutical industry understand the various roles that the pharmacist is equipped to play and to explain what the pharmacist seeking a career in industry hopes to achieve.

Constant updating needed

The chairman, committee of community (proprietor) section, Mr J. J. Holly said it was now two years since the last submission for an increase in private fee and as it represented a major source of revenue it was necessary to update it constantly in line with increases elsewhere. A major consideration was the increasing stock write off and the increasing number of products now bearing expiry dates.

Mr Holly told the meeting that a second

examination by the Ministry for Industry and Commerce into pharmacy as a restrictive practice failed to show such practice. The initial stage of a study of a pharmacist's ordering, stock control and book-keeping systems to develop an ideal system adaptable to suit all pharmacies is expected to be completed soon.

Long term anovulents to be investigated?

A subcommittee to investigate the supply of anovulents on a long term basis and to research into the physiological basis of natural methods of contraception was called for at the meeting.

The proposal arose as an amendment to a motion deploring long term use of anovulents, eventually withdrawn, and it is intended that the subcommittee would comprise members of the Union's national executive, Department of Health and possibly Irish Medical Union representatives.

Other proposals passed were:

☐ That IPU develop and circularise lists of drugs and products (with details of manufacture and supply) for long term illness patients.

☐ That IPU develop and foster closer links with the representative bodies of long term illness patients. The aim of these proposals is to improve the understanding of medical needs and quality of service to such patients.

☐ That IPU should develop and instigate a standard receipt, for payment for drugs by individuals, acceptable to Health Board authorities, Voluntary Health Insurance Board authorities and other Voluntary Health authorities.

☐ That IPU should investigate the provision of either a special pension or death benefit fund for pharmacists unable to get normal insurance; or a scheme for the provision of VHI cover for all pharmacists; or a benevolent or charitable fund to assist pharmacists who experience hardship as a result of business failure; or a special fund to assist the subsidisation of pharmacists willing to transfer to a more remote region where there is no pharmacist and thus assist towards the idea of a national geographic distribution. Proposals to change the GMS Contractors deduction to 0.4 per cent and finance IPU by increased direct subscriptions were withdrawn.

☐ That IPU make representations to the medical profession concerning the misuse of nomen proprium on prescriptions.

☐ That the recommendations of the working party on prescribing and dispensing be implemented by the Minister for Health and the Health Boards.

☐ That the tax on non-oral medicines is a penal code and must be abolished.

☐ That IPU request the Minister for Health to include persons suffering from coeliac disease in the long term illness scheme.

☐ That the limited eligibility scheme be extended in an effort to reduce the rate of growth in the number of medical card holders.

☐ That IPU be empowered to impose a levy on members in 1978 for capital purposes and thereafter for so long as it remains necessary.

Letters

Disappearing rpm

It is surely disheartening that so few members of our profession are speaking up in the defence of resale price maintenance and assume that so many appear to be accepting that the demise of the 1964 Act is inevitable. To think, too, that only a few years ago the Association of British Pharmaceutical Industry, together with wholesalers and retail bodies proved, to the satisfaction of the Restrictive Practices Court, that such price control for medical products was an essential need for the community as a whole.

They showed that the viability of pharmaceutical distribution would collapse in many areas if medicinal prices were reduced to the rates that multiples, chains and supermarkets will negotiate. How on earth could an ordinary pharmacist compete with big company muscles either for counter proprietaries or for "ethicals", and still afford to provide a traditional professional service?

If blame must be apportioned to one sector for the erosion of rpm now taking place, then it is on the pharmaceutical industry. Of course most manufacturers will continue to flourish whatever happens, and there is a minority of them at the moment that seems bent on destroying rpm; we can only hope that some of the more far-sighted manufacturers can persuade the ABPI that long-term interests are at risk. The industry is responsible for controlling and monitoring (with PATA) prices, and only they can take effective action in stopping the rot, and show that they have the will to do so. Most of us are aware that "back handers" are commonly made by a few cut price minimum service wholesalers, which will in turn force the traditional all-round wholesaler to retaliate in kind. But how long can they afford good service?

A blind eye?

Drug stores flaunting rpm on medicines abound. How can responsible manufacturers deliberately turn a blind eye to this illegal activity? It can hardly increase their overall sales.

The way that some price lists are compiled with list prices specified as rsp, are usually interpreted as recommended selling price by all those wishing to benefit from vague definition and legal loopholes. Before we know where we are we will be getting senseless, isolated manufacturers out for a quick killing while the going is good, opting out of rpm and not applying a fixed price on those "ethicals" they particularly want to exploit. When this happens it will be the end.

If the ABPI wants to assist in the retention, even extension of viable retail pharmacy, the sooner it gets together with the Society, wholesalers and retail bodies, the more certain it will be for everyone's benefit. The sooner those responsible for

the participation of retail pharmacies in underhand evasion of rpm realise that it is a short cut to long term disaster the better.

It is beside the point to bleat that present economic circumstances justify this particular action. I personally am also only too aware of the current situation as a NHS contractor with below the national average dispensing figures—my profit from the health service is therefore even less than the bleak figure quoted recently for the average contractor. Although smaller contractors are penalised to some extent because their more substantial competitors can take advantage of counter-productive "ethical" parcels, what on earth is going to happen to them after rpm is dead and gone, when their dispensing ingredient costs are rated in the same manner, and when most of their OTC proprietaries have been lost to commercial chains?

P. M. W. Clarke
Dorchester, Dorset

Change direction—or die

I would suggest the question posed by Dr Maddock "Is pharmacy going in the wrong direction?" is a non-starter. I consider that pharmacy has already *been* in the wrong direction, and now requires drastic treatment to drag it screaming back from the precipice over which the profession is pouring like lemmings.

It is the madness of playing businessmen *cum* grocers, at the same time as dispensing prescriptions, that has now to be disposed of once and for all. It is undoubtedly of economic necessity that in 1977 this situation still exists, but the vicious circle, of the Department not paying the economically viable rate for prescriptions while the pharmacy is subsidised as a unit by the "counter side", must be broken. From the Department's point of view, why should they pay more for prescriptions when large companies make profits from selling assorted articles of commerce from tights to audio equipment?

To break this impasse we must look at the Companies Act and dismantle it—turn pharmacy on its head and declare "small is beautiful". No pharmacist should own more than two premises. No outside capital should be allowed to use pharmacy as an investment vehicle for big business and the city. Pharmacies should be owned by pharmacists, not by unqualified outside interests. Efficiency is guaranteed by putting your money where your mouth is and the threat of bankruptcy if you are inefficient.

At this point Government should pay the rate for prescriptions to ensure a reasonable distribution of pharmacies in the community. The counter rubbish would be abandoned as no longer being required by economic necessity.

If the "Government refuses" to pay the economic level for dispensing at this stage—with no outside financial interests in pharmacy—we should submit undated withdrawal notices from the NHS for our negotiators to press our claim. As individual, self-employed contractors the threat of a strike action would be sufficient. Reasoned argument bearing no fruit in our present day and age.

Has pharmacy the will to act in such a revolutionary manner? That is the only

question. It should be discussed and voted on by postal ballot at the earliest opportunity. Time is running out; there is no income left in the NHS for pharmacists and inflation is eating away at that essential element, capital—without which it will all grind to a halt. I consider outside capital to be the wrong oil for the job—there are too many strings attached.

Pharmacy is dying on its feet, with little time left to be objective. We did not spend those university years to grip the glittering prize of evolving into cut price grocers! Did we?

R. N. Thomas
Holyhead

Wage freeze and profits

General practice pharmacists have had no doubts that a strict wage freeze has been in operation during the past two years; most have been very doubtful of the efficacy of manufacturing price controls during the same period.

On April 20 we were quoted £8.95 as the current price for 1,000 unbranded oxytetracycline tablets (250mg) BP by a leading wholesaler—who does not manufacture them. A quick check verified that the Drug Tariff price and those of several other wholesalers, were all in the region of £6-plus.

If there can be such a wide discrepancy in the manufacture of a simple item such as BP tablets, no wonder workers and the public believe that, in general, effective manufacturing price controls are a myth—especially in the more complex manufactured goods, perishable goods and food stuffs. The prices quoted were carefully checked by the wholesaler in question and by the PSNC.

Recently much has been written in the pharmaceutical Press about proposals to reduce our present "national drug bill". I trust items similar to the above do not escape scrutiny.

Contrary to biased opinions, "profit" is not a dirty word—but workers cannot be expected to relish a "phase 3 wage restraint" while unjustifiable excessive profits are common knowledge and allowed to continue.

George and Gordon Baxter
London E13

Pharmacists' market value

Whilst I would agree with the letter by "Geraint Davies", it does illustrate his profound ignorance of the basic salaries paid to employee pharmacists in retail practice, multiples included.

I would suggest that barely 10 per cent of such pharmacists earn a basic salary greater than £5,000 per annum; the vast majority earn a basic salary of £3,500 to £4,500.

Does "Geraint Davies" seriously expect employers to award pay rises of the size required to achieve his target? Militancy by both employer and employee appears to be the only solution.

I would like to hear from anyone who could give me a realistic and reasoned contradictory argument.

M. A. Clark
Wellington, Somerset

Company News

Unilever toiletries sales rise 38 per cent in 1976

In their annual report for 1976, issued last week, Unilever state that their sales of toilet preparations on a world-wide basis amounted to £367m, 38 per cent above the 1975 figure, and the operating profit was £30m. Significant increases were achieved in the company's share of the hair and skin care markets, and in the USA in the dentifrice market. New product activity during the year was concentrated mainly on hair and skin care and perfumery products. New toiletries factories were built in Brazil and Spain, and production capability in the UK was considerably expanded.

Sales of soaps and detergents rose 26 per cent to £1,578m in value terms, the increase of sales volume being about 6 per cent. The operating profit was £125m. New plant in Japan is now in operation, new factories are being built in Australia and northern India, and the plants in Brazil, Nigeria and South Africa are being extended. (Results of parent company, C&D, March 12, p350.)

Eli Lilly sales up 10 per cent in first quarter

Eli Lilly & Co, Indianapolis, report record sales of \$399.9m in the first quarter of 1977, 10 per cent above the figure for the same period of 1976. Estimated net income was \$63.5m, an increase of 3 per cent. The chairman, Mr Richard D. Wood, says that control of operating expenses and manufacturing costs enabled the operating income to rise at a rate substantially larger than the sales growth, but the growth of net income was diminished by foreign exchange rate fluctuations and a higher effective income tax rate.

The increase in sales in the quarter was dominated by agricultural products, particularly in the USA, with substantial growth in both agricultural chemicals and animal products. There was also continued growth in sales of cosmetics and pharmaceutical products.

Sixth successive record year for Rockware

Although 20 per cent of their glass-making machinery was closed down in the first six months of 1976 due to lack of demand, Rockware Group Ltd report a record pre-tax profit for the year of £6.26m, 45.5 per cent above the 1975 figure. Total sales in the year were £72.55m (£56.46m in 1975), of which £67.69m (£52.63m) came from the glass division and £4.14m (£3.16m) from the plastics division.

The operating profit of the glass division was up more than 20 per cent, while the operating profit of the plastics division

rose from £46,000 to £302,000 on a turnover increased by about one-third. In the annual report the chairman, Mr J. H. Craigie, states that the company proposes to broaden its operational base in the UK by acquisitions in the packaging industry. In accordance with this policy, the company acquired 20.4 per cent of the issued capital of the Irish Glass Bottle Co Ltd in June 1976, and Rockware Packaging Systems was launched in November to give advice on all aspects of glass container handling.

□ Pursuing the same policy, it was announced last Wednesday that Rockware have acquired Kingston Conveyors Ltd, of Hull, manufacturers of container handling and packaging equipment.

Polaroid unveil first instant movie camera

At the annual meeting in Massachusetts on Tuesday, Polaroid Corporation demonstrated "immediately visible living images". The new Polavision photographic system was shown by Dr Edwin H. Land, chairman and director of research. The elements of the new system include a Polaroid movie camera, a cassette of special film in the Super 8 format, and a Polavision player. The film cassette is self-contained and provides three minutes of "living images".

Marketing plans are to be announced later, but the new system is expected to be available in limited quantities before the end of the year.

Polaroid's worldwide sales in the first quarter of 1977 amounted to \$191.8m, 5 per cent above the sales in the first quarter of 1976, records being achieved in both domestic and international operations. Net earnings were also a record at \$14m, an increase of 33 per cent. The president, Mr William J. McCune, said that factors affecting the increased sales and earnings were the continuing improvement in manufacturing costs and the fact that the production start-up expenses for the Pronto camera and an improved SX-70 film were included in the accounts for the first quarter of 1976.

Polaroid UK have announced that the 2000 Land camera is to be produced in the extension to the factory on the Vale of Leven Industrial Estate in Dumbarton, which was formally opened by the Prime Minister on August 25, 1976.

Boots to expand into USA?

In addition to expansion of both retail and manufacturing operations in the UK, it was stated at a recent Press conference that Boots are also proposing to develop overseas markets and would be "disappointed"

if an interest in North America was not acquired "within the foreseeable future". In Europe, the company already has a majority holding in Sephora, the Paris toiletries store, and it is possible that similar ventures may be undertaken elsewhere. EEC regulations would prohibit the creation of a chain of stores as in the UK, but there are no similar restrictions in North America, and Mr Douglas Appleby, the newly appointed group managing director, said the company could "digest a £20m or £50m acquisition without great difficulty".

Briefly

Alza Corporation report sales of \$1.8m and \$6.1m in the three and nine months periods to March 31, respectively. Net losses were \$4.3m and \$11.6m (\$4.6m and \$12.6m in the corresponding periods a year ago when the company's products were still in the development stage).

Chemical Industries Association report that exports of chemical products, including pharmaceuticals, fertilisers, plastics, dyes, etc, exceeded £900m in the first quarter of 1977, an increase of 32 per cent over the same period last year. Although the industry has only 5 per cent of the work force, it produced over a quarter of the country's trade surplus in manufactured goods last year and hopes this year to improve on the £1,000m record surplus earned in 1976.

Appointments

Bristol-Myers Co Ltd: Mr F. W. Knight has been promoted from group managing director UK to territorial director UK and Republic of Ireland.

French & Scott Ltd: Mr Ian McKenzie has been appointed to the French of London sales team and will cover Lancashire and north Wales.

Jeyes UK Ltd: Mr Michael Adams, an area sales manager with Cadbury Schweppes, has been transferred to the health and chemicals division as sales training manager of Jeyes. Mr David Jacobs has been appointed to the new position of distributive national sales manager.

Armour Pharmaceutical Co Ltd: Mr R. B. Christie, MPS has been appointed new business development manager; he was formerly operations manager. Mr P. B. Lloyd BSc, formerly quality control manager, has been appointed technical affairs manager, assuming control of the existing research and development, quality control and regulatory affairs departments. Mr L. A. Wells, BPharm, BSc, has been appointed plant manager.

Boots Co Ltd: Dr G. I. Hobday has relinquished the office of chief executive but continues as chairman. Mr D. E. M. Appleby has been appointed group managing director. Mr A. D. Spencer has been appointed managing director of Boots the Chemists, with its associated retail companies, and represents the retail division on the group board. Dr P. T. Main has been appointed chief executive officer of the industrial division, comprising the group's non-retail interests throughout the world, and represents that division on the group board.

Market News

Firm rates at China fair

London, April 27: Reports received on the first week's trading at the China fair indicate firm prices being asked for their essential oils. Some discontent has been expressed by buyers that they had not been able to get in at the same prices paid by those who were at the "head of the queue". With many of the important buyers at the fair London brokers found trading very quiet during the past week and their offers were well under shipment quotations. Chinese menthol was £10.85 against £10.75 per kg in the forward position; no interest was shown in Brazilian material which again was cheaper on the spot than at origin. Higher among Chinese oils were citronella, spearmint and sassafras.

Dearer among crude drugs were benzoin, cascara, cloves, Russian liquorice root styrax and turmeric. A few of the aromatic seeds were also firmer. Lower were pepper and lemon peel.

Pharmaceutical chemicals

Acetic acid: 4-ton lots, per metric ton delivered—glacial BPC £257.50, 99.5 per cent £245.50; 80 per cent grade, pure £226, technical £211.50.
Acetone: £262 metric ton 30-drum lots.
Adrenaline: (per g) 1-kg lots base £0.25; acid tartrate £0.20.
Aluminium chloride: Pure 50-kg lots £0.9436 kg.
Aluminium hydroxide: BP gel £0.41 litre for 1,000 litres; BP dried £1,250 metric ton.
Ammonium acetate: BPC 1949 crystals £0.7019 kg in 50-kg lots; strong solution BP 1953 £0.243 kg in 200-kg lots.
Ammonium bicarbonate: BPC £160.70 metric ton, ex-works in 50-kg bags.
Atropine: (Per kg in 1/2-kg lots) Alkaloid £133.70; methonitrate £102, methylbromide £124.40, sulphate £94.50.
Benzocaine: BP in 50-kg lots, £4.49 kg.
Benzoic acid: BP in 500-kg lots £0.70 kg.
Bromides: Crystals £ per metric ton

	Under 50-kg	50-kg	1,000-kg
Ammonium	1,090	932	874
Potassium*	1,010	853	816
Sodium	990	839	802

Powder plus £43 kg
Borax: EP grades, 2-4 ton lots per metric ton in paper bags, delivered—granular £199; powder £217; extra fine powder £222.
Boric acid: EP grades per metric ton in 2-4 ton lots for British material—granular £255; crystals £342; powder £277.
Caffeine: Anhydrous £4.39 kg in 100-kg lots; citrate £3.61 both delivered.
Calamine: BP £621 per 1,000 kg.
Cantharidin: 100-kg lots £1.30 per g.
Chloral hydrate: 50-kg lots £1.17 kg.
Chloroform: BP in drums per metric ton from £406 in 35-kg drums down to £383 in 280-kg drums. 100 ml bottle £0.90 each; 2-litre bottle £2.21.
Ether: Anaesthetic: BP 2-litre bottles £2.88 each; 1-ton lots in drums from £1.39 in 18-kg drums to £1.25 kg in 130-kg. Solvent, BP from £916 metric ton in 16-kg drums to £820 in 130-kg.
Hydrogen peroxide: 35 per cent £223 metric ton.
Iyosine: Hydrobromide £482.10 kg.
Phosphorous acid: (Per metric ton in 50-kg lots) Pure 50 per cent £3,459.70; BPC (30 per cent) £2,714.50.
Soprenalline: Hydrochloride £52.00 kg; sulphate £45.00.
Strophanthin: BP natural £109.90 per 1,000 kg; light £114.90 ex-works in minimum 10-ton lots.
Strophanthin: (25-kg) base £10.25 kg; hydrochloride £10.29.
Sodium citrate: BPC '49 £6.00 kg (50-kg lots).
Sodium oxide: BP per metric ton—heavy £1,430; light £1,140.
Sodium trisilicate: £680 metric ton.
Styrol: Photo grade per kg, 50-kg lots £5.64; 50-kg £5.46.

Noscapine: Alkaloid £26.80 kg for 25-kg lots; £25.00 kg for 100-kg. Hydrochloride £30.00 and £28.00 kg for similar quantities.
Paracetamol: (Per kg) 50-ton contracts from £2.80; spot, 10-ton £2.88; 1-ton £8.00. Premiums for direct compression £0.13 kg.
Potassium citrate: Granular £337 per metric ton; powder £852.
Potassium diphosphate: BPC 1949 in 50-kg lots, granular £1,7583 kg; powder £1,5481.
Potassium hydroxide: Pellets £1.563 in 50-kg lots £1,349 kg; sticks £4,569; technical flakes £0,4577.
Quinine: Hydrochloride (25 kg) £95.50 kg; (50 kg) £95.25 kg. Sulphate (25 kg) £91.50 kg; (50 kg) £91.25.
Saccharin: BP in 250-kg lots £4.20 kg; sodium £3.69.
Sodium bicarbonate: BP £83.04 metric ton minimum 10-ton lots delivered UK.
Sodium chloride: Vacuum-dried in 10-ton lots £25.37 metric ton delivered London.
Sodium perborate: (per 1,000 kg) monohydrates £464, tetrahydrate £274.
Sodium percarbonate: £365 per metric ton.
Sorbitol: Powder £500 metric ton; syrup £250.
Stilboestrol: BP in 25-kg lots, £109 kg.
Sulphaquinoxaline: BVC £10.28 kg; sodium salt £12.71 kg both in 50-kg lots.
Tartaric acid: £770 metric ton.
Theophylline: Anhydrous and hydrate £4.93 kg in 100-kg lots delivered; ethylenediamine £5.08 kg in 100-kg.
Zinc chloride: Granular 96/98 per cent £405 metric ton, delivered.

Crude drugs

Benzoin: £92.00-£93.00 cwt spot; £92.00, cif.
Cascara: £1,000 metric ton spot; new crop, £930, cif.
Cherry bark: Spot £725 metric ton; £690, cif.
Cinnamon: (cif) Seychelles bark £520 metric ton, cif. Ceylon quills 4 O's £0.72 lb.
Cloves: Zanzibar £4,100 metric ton, cif.
Dandelion: New crop for shipment £1.20 kg, cif.
Ginger: (ton, cif) Cochin £1,300, Jamaican (spot) £1,700 nominal, Indonesian £1,120, Nigerian split £850 (spot); shipment £820, cif; peeled £1,020, Sierra Leone £1,125.
Hydrastis: (kg) £9.45 spot; £9.35, cif.
Ipecacuanha: (kg) Costa Rica £4.60 spot; £4.50, cif.
Lemon peel: Unextracted £1,200 metric ton spot; shipment £1,150, cif.
Liquorice root: Chinese £400 metric ton, cif. Russian £370 spot; £350, cif. Black juice £147.
Menthol: (kg) Brazilian £10.25 spot; £10.00, cif. Chinese from £11.80 duty paid; £10.55, cif.
Pepper: (ton) Sarawak black £1,565 spot; £1,460, cif. White £1,790 spot; £1,685, cif.
Pimento: Jamaican £1,460 ton, cif.
Podophyllum: Root £850 metric ton, cif, nominal.
Quillaia: Spot £1.15 kg; £0.95, cif.
Rhubarb: Chinese rounds 60 per cent pinky £4.00 kg, cif.
Saffron: Mancha superior £430 kg.
Sarsaparilla: Shipment £1,800 metric ton, cif.
Seeds: (metric ton, cif) **Anise:** China star forward £710. **Caraway:** Dutch £970. **Celery:** Indian £580. **Coriander:** Moroccan £700; Indian £530. **Cumin:** Egyptian £570, Iranian £585. **Dill:** Indian £265. **Fennel:** Egyptian £225. **Fenugreek:** £150. **Maw:** £1,170.
Styrax: £4.35 kg spot; £4.10, cif, nominal.
Turmeric: Madras finger £495 ton, cif.
Valerian: Indian root £950 metric ton spot; shipment £920, cif.
Witchhazel leaves: Spot £2.40 kg; £2.10, cif.

Essential and expressed oils

Almond: Sweet in drum lots £1.25 kg duty paid.
Anise: (kg) £17.50 spot and cif.
Cassia: Chinese £55.00 kg spot; £57.25, cif.
Cedarwood: Chinese £1.25 kg spot; £1.35, cif.
Celery: English £58.00 kg.
Citronella: Ceylon £1.20 kg spot; £1.26, cif. Chinese £2.35 spot; £2.45, cif.
Eucalyptus: Chinese £2.25 kg spot and cif.
Lemon: Sicilian best grades about £14.00 kg.
Lemongrass: Cochin £5.00 kg spot; £4.80, cif.
Lime: West Indian £10.50 kg spot.
Mandarin: £17.00 kg spot.
Nutmeg: (per kg) English-distilled from West Indian £22.00; from East Indian £20.00. Imported £8.15.
Olive: Spot ex-wharf, Spanish (subject to EEC levy) £1,320 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,320. Tunisian not offering.
Orange: Florida £0.95 kg; West Indian £1.00.
Palmarosa: No spot; or cif offers.
Patchouli: £10.50 kg spot and cif.
Peppermint: (kg) Arvensis—Brazilian £6.60 spot; £6.60, cif. Chinese £6.00 spot; £6.20, cif. Piperata, American Far-West about £33.00, cif.
Petitgrain: Spot cleared, shipment £5.40 kg, cif.
Sassafras: Chinese £2.90 kg spot and cif; Brazilian £2.20 spot.
Soeamin: (kg) American Far West £18.50. Chinese spot £12.50 kg; shipment £11.85, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

Letters

Continued from p615

Tribute to Mr P. Stedman

It was with great sorrow that we learnt of the passing of Mr Philip Edward Stedman, JP, MPS, MIPharmM, on April 16. A graduate of the London College of Pharmacy in 1936, he was awarded the Gosling prize. A family man, he was unpretentious yet of great character and endeared himself to all with whom he came into contact.

As a man of integrity and a devout Christian, he always sought to help others and was very active both pharmaceutically and socially. His concern for others led him to serve on the United Churches Committee on drug addiction and on the body responsible for the Brighton Archway Ventures which sought to help addicts and itinerants. He also took a keen interest in the students and work of the School of Pharmacy at Brighton Polytechnic. An active member of the Brighton Branch Pharmaceutical Society, and its chairman 1966-1968, he will be sadly missed.

Dr John M. Pickett
 Chairman

Brighton Branch, Pharmaceutical Society

Coming events

Monday, May 2

East Metropolitan Branch, Pharmaceutical Society, Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, London E11, at 7.30 pm. Mr J. B. L. Ainsworth (president, Comité International des Pharmaciens Homeopathes) on "Homeopathic medicine".
Stockport Branch, Pharmaceutical Society, Alma Lodge Hotel, Stockport, at 8 pm. Annual meeting.

Tuesday, May 3

Cardiff and South Glamorgan Branch, Pharmaceutical Society, Park Hotel, Cardiff, at 7.30 pm. Annual meeting.
Chelmsford Branch, Pharmaceutical Society, Academic unit, Chelmsford and Essex Hospital, Chelmsford, at 8 pm. Film and branch representatives motions.
Liverpool Branch, Pharmaceutical Society, Hospital College, Mount Vernon Street, Liverpool, at 7.30 pm. Annual meeting.

Wednesday, May 4

History of Medicine Section, Royal Society of Medicine, 1 Wimpole Street, London W1, at 6 pm. Annual meeting and dinner, and Professor T. C. Gray on "Whatever happened to Felix Yaniewicz?".
Medway Branch, Pharmaceutical Society, Corn Exchange, Rochester, at 7.30 pm. Dinner and dance.

Thursday, May 5

East Anglia Region, Analytical Division, Chemical Society, Merck Sharp and Dohme Ltd, Hertford Road, Hoddesdon, Herts, at 2.30 pm. "Methods in pharmaceutical analysis". Mr D. J. Kennedy (MSD) on "Application of Fourier transform NMR in pharmaceutical research analysis"; Mr D. J. Evans (Smith Kline & French) on "Experiences in problem solving in pharmaceutical analysis"; Dr P. Raven (Allen & Hanburys) on "Use of HPLC in pharmaceutical analysis".
Northumberland and Gateshead Branch, National Pharmaceutical Association, Medical Institute, 4 Eslington Road, Jesmond, at 8 pm. Annual meeting.
Swindon and North Wiltshire Branch, National Pharmaceutical Association, Room 4, Wyvern Theatre, Swindon, at 8 pm. Mr E. J. Downing (assistant secretary, NPA) on "Hiring and firing".

Friday, May 6

Pharmaceutical Marketing Club, London Room, New London Centre, Parker Street, Drury Lane, London WC2, at 12.15 pm. Speaker, Lord Winstanley (Liberal spokesman for Health and Social Security).

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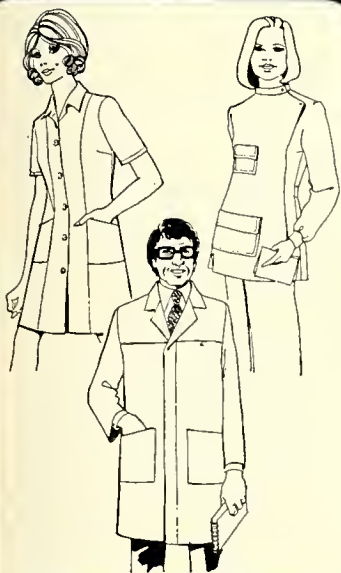
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